CSAP Strategies Within the Context of Model Programs/Curricula

Building capacity of substance abuse program staff and administrators to develop and utilize science based prevention interventions.

CSAP Center for Substance Abuse Prevention
SAMHSA
Substance Abuse & Mental Health Services Administration

CSAP Center for Substance Abuse Prevention
BORDER CAPT

SECTION

TABLE OF CONTENTS

Introduction

- Participants introduce each other
- Participants review & discuss a historical timeline of events

Objectives

Participants will:

- introduce each other
- get introduced to the course and agenda
- review prevention strategies applied over time

Materials and Preparation

1. Overhead Projector
2. Chart Pad & Markers

NOTES:

- **Introduce the training manual**
- **Conduct Introductions**

Substance Abuse Timeline

TIME	NATIONAL PERSPECTIVE	STRATEGY	ACTIVITIES
1950,S	Drugs are a problem of the ghetto, used to escape pain and to avoid reality.	scare tactics	films and speakers
early 1960's	Drugs are used to escape pain and to avoid reality, but they're more than just a problem of the ghetto.	scare tactics	films and speakers
late 1960"s	Drugs are used to intensify life, to have psychedelic experiences. Drug use is considered a national epidemic.	information	films and speakers
early 1970's	A variety of drugs are used for a variety of reasons: to speed up experiences, to intensify experiences, to escape, to expand perceptions, to relieve boredom, and to conform to peers.	Drug education	Curricula based on factual information
mid- to late 1970"S	Users become more sophisticated, and society develops an increasing tolerance of drug use.	Affective education and alternatives to drug use curricula based on communication, decision making, values Clarification, and self-esteem	
late 1970"s to early 1980's	Parents begin to form organizations that combat the incidence of drug abuse.	Affective education, alternatives to drug use, and training	Blaming and cooperation
late 1980"s to mid-1990's	Drug use is highly complex.	partnerships	Research-based curricula, linkages, peer programs
mid-1990's to 2OOO	The gap between research and application is gradually being bridged.	replication of research-based models and application of research-based approaches	Environmental approaches, comprehensive programs targeting many domains and strategies, evaluation of prevention programs, media campaigns, culturally sensitive programs

NOTES:

Western CAPT "Prevention Specialist Training Manual"
(Center for Substance Abuse Prevention, 1993. *Prevention Primer.*)

CSAP Strategies

Compiled from the Western CAPT
"Prevention Specialist Training Manual"
(Center for Substance Abuse Prevention, 1993. *Prevention Primer.*)

CSAP Strategies

- Participants learn & review the various approaches to effective substance abuse prevention implementation

Objectives

Participants will be able to:

- identify the six CSAP Strategies
- specify prevention approaches
- identify effective / ineffective strategies

Materials and Preparation

1. Chart Pad & Markers
2. One sheet of chart paper & marker to each group

NOTES:

- **Introduce the six CSAP Strategies**
- **Form groups of six to eight members to select a strategy each. Allow 30 min. to read, discuss and present to the general group.**
- **The intent of this exercise is for each group to describe the strategy or example of a strategy to the rest of the group. (15 min. each group)**
- **At the end ask the groups for comments / questions (5-10 min.)**
- **Refer to Index A, pg. 44 for more information on *Beyond Prevention Curricula***

Six Prevention Strategies

NOTES:

1. Dissemination of Information

This strategy provides information about the nature of drug use, abuse, addiction and the effects on individuals, families and communities. It also provides information of available prevention programs and services. The dissemination of information is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of methods used for this strategy include the following:

- Clearinghouse and other information resource centers
- Resource Directories
- Media Campaigns
- Brochures
- Radio and Television Public Service Announcements
- Speaking Engagements
- Health Fairs

2. Prevention Education

This strategy involves two-way communication and is distinguished from merely disseminating information by the fact that it's based on an interaction between the educator and the participants. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills and critical analysis (e.g. of media messages). Examples of methods used for this strategy include the following:

- Classroom and Small Group Sessions
- Parenting and Family Management Classes
- Peer Leader and Peer Helper Programs
- Education Programs for Youth Groups
- Groups for Children of Substance Abusers

3. Alternative Activities

This strategy provides for the participation of the target populations in activities that exclude drug use. The assumption is that because constructive and healthy activities offset the attraction to drugs, or otherwise meet the needs usually filled by drugs, then the population would avoid using drugs. Examples of methods used for this strategy include the following:

- Drug-free Social and Recreational Activities
- Drug-free Dances and Parties
- Youth and Adult Leadership Activities
- Community Drop-in Centers
- Community Service Activities
- Mentoring Programs

Western CAPT "Specialist Training Manual"
(Center for Substance Abuse Prevention, 1993. *Prevention Primer.*)

NOTES:

4. Community-Based Processes

This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for drug abuse disorders. Activities in this strategy include organizing, planning, enhancing the efficiency and effectiveness of service implementation, building coalitions and networking. Examples of methods used for this strategy include the following:

- Community and Volunteer Training (e.g. neighborhood action training, training of key people in the system)
- Systematic Planning
- Multi-Agency Coordination and Collaboration
- Accessing Service and Funding
- Community Team-Building

5. Environmental Approaches

This strategy seeks to establish or change community standards, codes and attitudes, thereby influencing the incidence and prevalence of drug abuse in the general population. Examples of methods used for this strategy include the following:

- The Establishment and Review of Drug Policies in Schools
- Technical assistance to communities to maximize local enforcement procedures governing the availability and distribution of drugs.
- The Review and Modification of Alcohol and Tobacco Advertising Practices
- Product Pricing Strategies

6. Problem Identification and Referral

This strategy aims to identify those who have indulged in the illegal use of drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if an individual is in need of treatment. Examples of methods used for this strategy include the following:

- Driving-while-intoxicated Education Programs
- Employee Assistance Programs
- Student Assistance Programs

Western CAPT "Specialist Training Manual"
(Center for Substance Abuse Prevention, 1993. *Prevention Primer.*)

Information Dissemination

NOTES:

- ☺ Educational programming regarding alcohol, tobacco, and other drugs can increase knowledge regarding the hazards of substance use and aid in the development of negative attitudes toward alcohol, tobacco, and other drug use.

- ☺ Workplace programs for drug-free workplace policies can increase community awareness of drug abuse issues.

- ☺ Information dissemination campaigns should be viewed as complementary to more intensive and interactive prevention approaches.

- ☺ Effective use of the media is primarily demonstrated when the intervention is combined with other prevention strategies (e.g., education, and enforcement of existing laws).

- ☺ Effective use of media to change substance-related knowledge, behavior and attitudes relies on creating messages that appeal to youth's motives for using substances or perceptions of substance use, e.g., the perception of risk associated with a particular substance.

- ☺ Effective use of the mass media requires paying for television and radio spots in choice air times, when youth are more likely to be viewing or listening. Public Service Announcements can enhance any media campaign but by themselves are unlikely to have an impact on youth if they air at times when few youth are tuning in.

- ☺ Media campaigns should use radio and television appropriately, allowing for the different viewing habits of younger and, older adolescents. Effective use of media must also recognize that the interests of youth vary, depending on age and sex, so that the images and sounds should resonate with the target audience.

- ☺ Youth-oriented mass media campaigns are more effective. If they avoid the use of authority figures and exhortations. Focus group research indicates that overbearing messages are likely to lose the target audience.

Prevention Education

NOTES:

- ☺ Traditional education about harms and risks associated with substance use and abuse cannot, by itself, produce measurable and long-lasting changes in substance abuse-related behavior and attitudes. Educational approaches that combine the conveyance of information about the harms of substance abuse with the fostering of skills (e.g., problem solving, communication) and the promotion of protective factors have been shown to be more effective.

- ☺ Didactic approaches are among the least effective educational strategies. Research suggests that interactive approaches engaging the target audience are more effective. These approaches include cooperative learning, role-plays, and group exercises.

- ☺ Educational interventions for youth that are led by peers or include peer led components are more effective. However, peer-led programs tend to require extensive prior instruction for peer educators.

- ☺ Intensively implemented educational programs with youth appear to be effective. These types of programs usually last an academic year or longer and may involve booster sessions one to several years after the original intervention.

- ☺ Social skills training programs target many risk factors across many domains (e.g., individual, family, peer, school) and are related to reductions in the onset and communication of substance use and improvements in communication and goal setting.

- ☺ Programs that involve booster sessions help youth maintain skills over longer periods of time. Comprehensive programs designed to last over longer periods of time can result in broader and longer gains.

- ☺ Programs that involve interactive teaching where students can actually practice newly acquired skills (e.g., role-playing) are beneficial. These programs can take place in any environment. For instance, social skills can be taught via in-school curricula, individual therapy, and after-school mentoring.

NOTES:

Prevention Education Continued

☺ Research shows that educational approaches targeting the family and school-based approaches involving parents or complementing student focused curricula can be effective in prevention adolescent substance use.

☺ Parent and family skills training has had positive effects on measures related to knowledge, parenting skills communication skills, problem solving skills, child-management skills, parenting satisfaction, and coping skills. Also, these programs have been shown to decrease parental stress, family conflict, and substance abuse; improve parent-child bonding and cohesion; and increase attitudes toward and acceptance of children. For children and youth, positive outcomes have included increases in pro-social behavior and decreases in hyperactivity, social withdrawal, aggression, and delinquency.

- Programs with two sets of workshops that work to improve parent skills along with adolescent skills have positive outcomes for both parents and youth.
- Programs that involve sessions where parents and youth learn and practice skills both separately and together are also beneficial.
- Videotaped training and education can be effective and cost-efficient.
- Providing meals, childcare (for non-target children), and transporta-tion encourages family participation.

Alternative Activities

NOTES:

☺ Alternatives should be part of a comprehensive prevention plan that includes other strategies with proven effectiveness. Environmental strategies that reduce the availability of alcohol, tobacco, and other drugs appear to be among the more effective strategies.

☺ The appropriateness and effectiveness of alternatives depends in part on the target group. Some research indicates that alternatives are more likely to be effective with high-risk youth who may not have adequate adult supervision or access to a variety of activities and who have few opportunities to develop the kinds of personal skills needed to avoid behavioral problems.

☺ The effectiveness of alternative approaches depends on the nature of the alternatives offered. Clearly, if the alternative activity offered is not attractive or appropriate to the target group, it won't garner participation. Recently, prevention professionals have involved youth in the development of alternatives programs.

- ✾ Community service has been related to an increased sense of well being and positive attitudes toward people, the future, and the community, while allowing youth to "give back" to their community.
- ✾ Mentoring programs provide youth with structured time with adults; they are related to reduction in substance use, increased school at ten dance, and increased positive attitudes toward others, the future, and school.
- ✾ The more highly involved the mentor, the greater the positive results.
- ✾ These programs have broader effects than just on the youth because they involve other community members (e.g., the elderly).
- ✾ Provision of organized recreation and cultural activities by community agencies can decrease substance use and delinquency by providing both drug-free alternatives and monitoring and supervision of children.

NOTES:

Alternative Activities Continued

☺ More intensive programs that include a variety of approaches seem to be most effective. Not surprisingly, meta-analyses, as well as individual evaluations, find that programs that provide intensive interventions, including many hours of involvement in the program and related services, are most effective.

☺ Alternatives provide a natural and effective way of providing prevention services to high-risk youth. Youth who may already be disengaged from school (and therefore don't respond to school-based prevention programs) may make use of alternatives programs (e.g., drop-in centers). The enjoyable activities may provide the incentive for involvement and provide the opportunity for more structured intervention in drug use or other high risk behavior.

☺ Alternatives can be part of a comprehensive prevention effort in a community, serving to establish strong community norms against misuse of alcohol and use of illicit drugs. While one-shot community events may not, in themselves, change the behavior of participants, these events can serve as strong community statements that support and celebrate a no-use norm. These events also draw public and media attention to drug issues and therefore increase awareness and support for other important prevention efforts. For these alternative activities to be truly effective, however, they must be viewed not as ends in themselves, but rather as a component of an integrated, comprehensive prevention strategy.

NOTES:

Environmental Approaches

- One way to categorize prevention strategies is to consider those that attempt to alter the environment in which individual children grow, learn, and mature *(individualized environments)* and those that attempt to alter environments in which all children encounter threats to their health-including illicit drugs, alcohol, and tobacco *(shared environment).*

- Generally, strategies targeting the *individualized environment* seek to socialize, instruct, guide, and counsel children in ways that increase their resistance to health risks. Specific programs may teach parenting skills to parents or life skills to children, educate parents and children about health risks, or provide specialized services to youth at high risks. All of these individualized strategies seek to prepare and assist individual children in coping with a world that presents myriad temptations and potential threats to their health and well-being" (Klitzner, 1998).

- The limitations of individualized approaches have led to increased emphasis on the *shared environment,* the world in which children face and cope with health threats. The shared environment can be a neighborhood, town, city, state, or the nation as a whole. Properly designed and managed, the shared environment can support healthy behavior and thwart risky behavior for all children, regardless of how well prepared they may be by their individualized environments (IClitzner, 1998).

- Environmental strategies have been found to be more efficient because they affect every member of a target population. Training store clerks to check ID reduces the availability of tobacco and alcohol for all neighborhood youth regardless of whether or not they are aware that these strategies are being implemented. They also produce more rapid results. Enforcement of the minimum alcohol purchase age can produce more or less immediate reductions in youth alcohol use. Environmental strategies can also enhance the prevention efforts of many communities that already have a number of programs aimed at the individualized environment (Klitzner, 1998).

Environmental Approaches Continued

NOTES:

The following are environmental strategies that have been evaluated and found to be effective:

PRICE INTERVENTIONS

☺ Increasing the price of alcohol and tobacco through excise taxes is an effective strategy for reducing consumption; both the prevalence of use and the amount consumed. It can also reduce various alcohol-related problems, *including motor* vehicle fatalities, driving while intoxicated, rapes, robberies, cirrhosis mortality; suicide, and cancer death rates (Sloan, Reilly & Schenzler, 1994). However, some efforts-source-country crop destruction, *interdiction, and* disruption of distribution networks-have been relatively ineffective in reducing drug sales.

MINIMUM-PURCHASE-AGE INTERVENTIONS

☺ Increasing the minimum purchase age for alcohol to age 21 has been effective in decreasing alcohol use among youth, particularly beer consumption. It is associated with reductions in other alcohol-related problems, including alcohol-related traffic crashes, suicide, and deaths resulting from pedestrian injuries, other unintentional injuries, youth homicide, and vandalism. Outcomes related to minimum-purchase age laws for tobacco are not known because such laws have only recently begun to be enforced.

☺ Enforcement of minimum-purchase-age laws against selling alcohol and tobacco to minors using undercover buying operations (also known as "decoy" or "sting" operations) can substantially increase the proportion of retailers who comply with such laws. Undercover buying operations conducted by community groups that provide positive and negative feedback to merchants are also effective in increasing retailer compliance, as are more frequent enforcement operations.

☺ "Use and loose" laws, which allow for the suspension of the driver's license, of a person under 21 years of age, following a conviction of any alcohol or other drug violation (e.g., use, possession, or attempt to purchase with or without false identification), are an effective means for increasing compliance with minimum-purchase-age laws among youth. Penalties should be swift, certain, and meaningful. Penalties should not be too harsh, however, since severity is not related to their effectiveness and, if too severe, law enforcement and judicial officers may refuse to apply them.

NOTES:

Environmental Approaches Continued

☺ Community awareness and media efforts can be effective tools for *increasing perceptions* regarding the likelihood of apprehension and punishment and can increase retailer compliance. They also offer a means for *changing social* norms to be less tolerant of sales to and use by minors and for decreasing the costs of law enforcement operations.

DETERRENCE INTERVENTIONS

☺ Deterrence laws and policies for impaired driving have been effective in reducing the number of alcohol-related traffic crashes and fatalities among the general population and particularly among youth. Reducing the legal BAC limit to .08 or lower has been shown to reduce the level of impaired driving and alcohol-related crashes.

☺ Enforcement of impaired-driving laws is important to deterrence because it serves to increase the public's perceptions of the risks of being caught and punished for driving under the influence of alcohol. Law enforcement efforts to detect and arrest drinking drivers include sobriety checkpoints, which do not result in high levels of detection of drinking drivers, and passive breath sensors that allow police officers to test a driver's breath without probable cause and substantially increase the effectiveness of sobriety checkpoints.

☺ Administrative license revocation, which allows for confiscation of the driver's license, by the arresting officer, if a person is arrested with an illegal BAC, or if the driver refuses to be tested, has been shown to reduce the number of fatal traffic crashes and recidivism among Driving Under the Influence offenders. Actions against vehicles and tags have been mostly applied to multiple offenders, with some preliminary evidence that they can lead to significant decreases in recidivism and overall impaired driving.

☺ Impaired-driving policies targeting underage drivers (particularly zero tolerance laws setting BAC limits at .00 to.02 percent for youth) and graduated driving privileges, in which a variety of driving restrictions are gradually lifted as the driver gains experience (and maturity), have been shown to significantly reduce traffic deaths among young people.

NOTES:

Environmental Approaches Continued

INTERVENTIONS ADDRESSING LOCATION AND DENSITY OF RETAIL OUTLETS

☺ Limitations on the location and density of retail outlets may help contribute to reductions in alcohol consumption, traffic crashes, and certain other alcohol-related problems, including cirrhosis mortality, suicide, and assaults. With respect to illicit drugs, neighborhood anti-drug strategies, such as citizen surveillance and the use of civil remedies-particularly nuisance abatement programs-can be effective in dislocating dealers and reducing the number and density of retail drug markets and possibly other crimes and signs of physical disorder within small geographical areas.

RESTRICTIONS ON USE

☺ Restrictions on use in public places and private workplaces (also known as "clean indoor air laws") have been shown to be effective in curtailing cigarette sales and tobacco use among adults and youth. Additional benefits of clean indoor air laws are that they reduce nonsmokers' exposure to cigarette smoke and they help to alter norms regarding the social acceptability of smoking. The effects of restrictions on alcohol use have not been systematically evaluated.

SERVER ORIENTED INTERVENTIONS

☺ With respect to alcohol, server-training programs have been found to affect beliefs and knowledge, with mixed findings of impacts on server practices and traffic safety measures. Retailer education for tobacco merchants has led to relatively small, short-term reductions in sales to minors.

NOTES:

Environmental Approaches Continued

- ☺ When server training is combined with enforcement of laws (against service to intoxicated patrons, against sales to minors), training programs are much more effective in producing changes in both selling and serving practices.

- ☺ Education and training programs are important to teach servers about laws, the penalties for violation, recognition of signs of intoxication and false identification, and ways to refuse sales, but they generally are not sufficient when used alone to produce substantial and sustained shifts in compliance with laws.

COUNTER ADVERTISING

- ☺ Counter-advertising campaigns that disseminate information about the hazards of a product or the industry that promotes it may help reduce cigarette sales and tobacco consumption. The limited research on alcohol warning labels suggests that they may affect awareness, attitudes, and intentions regarding drinking but do not appear to have had a major influence on behavior. Studies have suggested that more conspicuous labels would have a greater effect on awareness and behavior.

Problem Identification and Referral

NOTES:

- Before implementing this type of strategy, planners should obtain accurate estimates of the numbers of youth whose substance abuse patterns justify intervention services. These estimates must begin with an acknowledgment of the multidimensional nature of youth substance abuse patterns-patterns that include experimental use not progressing to abuse or problem behavior. Ultimately, these estimates are needed to answer basic questions concerning the relative emphasis that should be placed on problem identification versus other prevention approaches.

- Incorporating problem identification and referral into prevention programs ensures that youth who may already be using at the time of the prevention effort will receive the appropriate treatment to meet their needs.
  - Providing transportation to appropriate treatment programs (e.g., Alcoholics Anonymous) encourages youth to participate.

- Problem identification and referral programs should not ignore the relationship between substance use and a variety of other adolescent health problems, such as mental health problems, family problems, early and unwanted pregnancies, sexually transmitted diseases, school failure, and delinquency. This clustering of problems will greatly shape the identification of desired program effects.

- Program planners should be aware that early identification programs could pose risks to the youth involved. Early identification programs target specific individuals for participation and are more intensive in nature than prevention efforts directed to the general adolescent population. The labeling associated with this prevention strategy may increase the probability of future deviance. Another risk may result from exposing youth whose patterns of use may be only experimental to youth with more problematic substance abuse and other deviant behaviors.

- Rigorous research on the effectiveness of this prevention strategy limits the degree to which additional implementation guidance can be offered. Research on brief interventions with the general population in health care settings (e.g., tobacco cessation and reducing-problem-drinking programs delivered in dental and primary care practices) has produced positive results in randomized controlled studies. The application of brief interventions to children and adolescents appears promising.

- Family therapy has been shown to be an effective resource for improving family functioning, increasing parenting skills, and decreasing recidivism of juvenile offenders. It can serve as one part of a multi-component prevention effort. It isn't clear if family clinical therapy is as effective with young children as with adolescents. Younger children have less severe behavior problems than adolescents do and much of the research on family therapy has focused on juvenile offenders. (Brounstein, et al.,1998)

Model Programs

Compiled from and available for viewing at:
http://www.samhsa.gov/

Model Programs

- Participants examine the various strategies implemented in model programs
  30 minutes

Objectives

Participants will be able to:

- identify model programs
- identify strategies used by model programs

Materials and Preparation

Overhead Projector

CSAP's Model Programs

PROGRAM	Target Population			TARGET SETTING	KEY PROGRAM STRATEGIES	KEY OUTCOMES
	Age	Gender	Ethnicity			
Across Ages	11 to 13 & Senior Citizens	Male & Female	Mixed	Middle school Community centers	Pairing adults 55+ with middle school youth Community service	Improved school attendance Better understanding and attitudes toward older adults
Athletes Training & Learning to Avoid Steroids (ATLAS)	14 to 18	Male Only	Mixed	High school athletic team	Knowledge of effects of steroids on body and on sport Healthy, natural alternatives to increasing muscle	Reduced steroid use Belief that coaches do not condone or tolerate steroid use Stronger team mentality
Child Development Project	6 to 12	Male & Female	Mixed	Elementary school	Change in elementary school curriculum Bonding to school Parent involvement Peer bonding	Greater conflict resolution skills Increased bonding to school
Communities Mobilizing for Change on Alcohol	N / A	Male & Female	Mixed	Community	Environmental strategy Limit minors' access to alcohol through community mobilization	Reduction in sales to minors Increased identification checks by vendors Community mobilization
Creating Lasting Connections	11 to 15 & Parents	Male & Female	African American & White	Community centers, Churches, and/or Schools	Alcohol & drug information Parenting skills Communication skills	Increased child resiliency Increased involvement in setting family norms on substance use Delayed onsets of substance use
Dare to Be You	2 to 5 & Parents	Male & Female	Mixed	Community centers, Pre- Schools	Parenting skills Youth coping skills	Increased parent efficacy Decreased use of harsh punishment Increased child development skills
Family Advocacy Network (FAN Club)	11 to12 & Parents	Male & Female	Mixed	Community centers	Family support Parenting skills	Greater ability to refuse alcohol and drugs Better understanding of health consequences of substance use
Keep a Clear Mind	9 to 11	Male & Female	Mixed	School Home	Parent-child interaction Alcohol and drug knowledge	Greater knowledge of effects of tobacco Reduction in onset of substance use
Life Skills Training	10 to14	Male & Female	Mixed	Middle School	Life skills Drug resistance skills Social and self- management skills	Reductions in alcohol, tobacco, and illicit drug use
Project ALERT	11 to 14	Male & Female	Mixed	Middle School	Teacher training Resistance skills Parent involvement	Reduction in marijuana initiation Resistance to peer-drug messages
Project Northland	11 to 13	Male & Female	Mixed	Middle School	Peer leadership Parent involvement	Reduced use of alcohol Reduced cigarette smoking
Project STAR	12 to 17 & Community	Male & Female	Mixed	Community School	Media literacy Community organizing	Reductions in daily smoking, marijuana, and alcohol use
Project Toward No Tobacco Use (TNT)	10 to 15	Male & Female	Mixed	Middle School	Tobacco prevention through education, communication, and media literacy	Reduction of initiation of smoking Reduction of weekly and frequent smoking
Reconnecting Youth	14 to 17	Male & Female	Mixed	High School	Mentoring Social support School bonding	Increased school performance Decreased deviant peer bonding Decreased depression & aggression
Residential Student Assistance Program	13 to 17	Male & Female	Mixed	Juvenile offenders in residential settings	Individual & group counseling Youth coping skills	Reductions in marijuana, alcohol, and tobacco use
SMART Leaders	13 to 17	Male & Female	Mixed	Community centers	Youth leadership Interpersonal & life skills	Decreased use of alcohol, tobacco, and marijuana Increased knowledge of health Consequences of substance use
Smart Team	10 to 14	Male & Female	Mixed	5th through 9th grade	Computer- based Anger management Dispute resolution Mediation skills	Increased understanding of how problem situations escalate into violence Better use of non violent solutions
Stop Teenage Addiction to Tobacco	N /A	N / A	N / A	Community	Environmental approach to limiting youth access to tobacco Enforcement of laws	Reduction in youth smoking Increased adherence to vendor laws
Strengthening Families	6 to 11 & Parents	Male & Female	Mixed	Community centers Schools Mental Health Centers Housing Communities	Therapeutic child play Parent training Support services	Reduction in child risk status Improved family relationships

http://www.samhsa.gov/

Science-Based Theory

Paul Brounsteinetal et. al.,
Presentation
December 17, 2000 CSAP's

"Science-Based Practices in Substance Abuse Prevention: A Guide,"
December 7, 1998 Pyramid

Research-based Prevention: A Pyramid for Effectiveness

Developed by Peter Mulhall, Ph.D. & Carol Hays, Ph.D.
Center for Prevention Research and Development
Institute of Government and Public Affairs
University of Illinois

Science - Based Theory

- Participants examine the specifics that identify a science-based program.
  45-50 minutes

Objectives

Participants will be able to:

- identify model programs
- identify strategies used by model programs

Materials and Preparation

Overhead Projector

NOTES:

- **Introduce the concept: Science-Based**
  - **science based programs**
  - **the dissemination system**
  - **identification of programs**
- **Form into groups of five and choose a number in each group from 1-5. Each participant reads (15 min.) the assigned number throughout the 15 criteria (example: When finished, each participant discusses his/her number with the group. (25 min.)**
- **At the end…ask the group for comments/questions (5 min.)**

Science - Based Prevention

Programs Have:

- ☺ Been well implemented
- ☺ Been thoroughly evaluated
- ☺ Produced consistent positive & replicable results

Model Programs

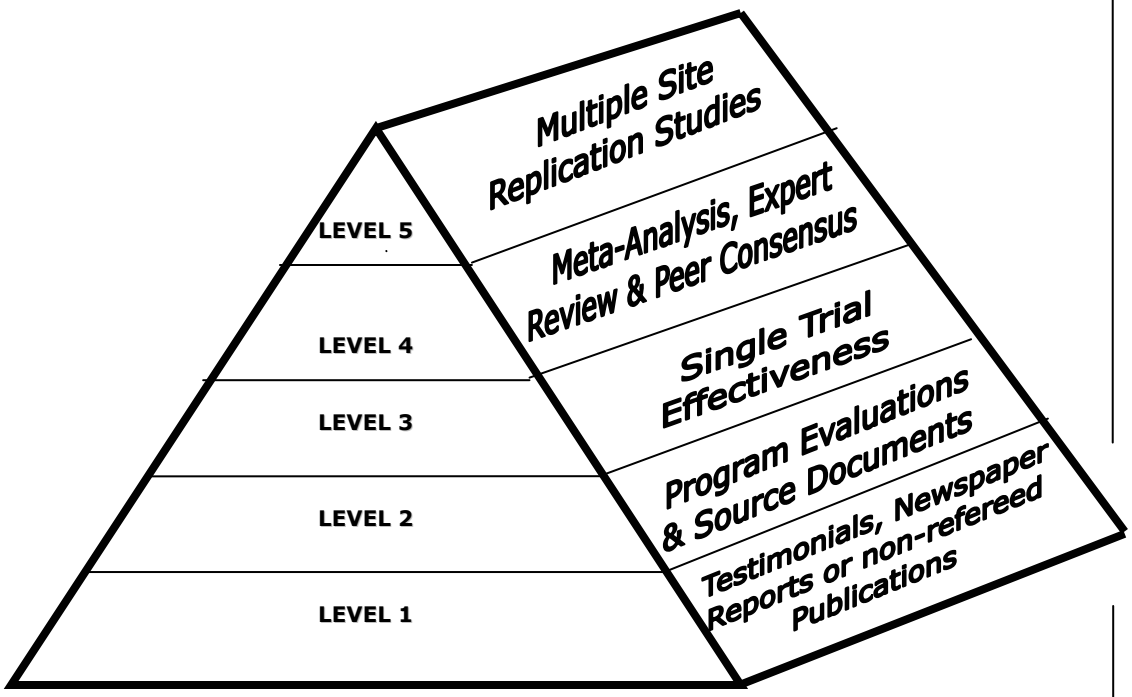
Rigorously evaluated programs with strong outcomes for:

- ☺ Prevention of alcohol and drug abuse, steroid abuse, school drop out, violence, and other high-risk behaviors.
- ☺ Diverse ethnic population
- ☺ Community, family, school, and faith settings
- ☺ Youth aged 2 to 18 (to be expanded to other life stages)

NOTES:

NOTES:

Levels of Effectiveness
Of Science-Based Prevention



Science-Based Prevention Level 1

Testimonials, Newspaper Reports, or Non-refereed Publication

Testimonial

Reports, programs, principles and policies designed to directly affect youth perceptions of drug and alcohol use, age of first ATOD use and abuse, or related risk or protective factors for which *there is only anecdotal evidence of positive results in the form of participant testimonials, quotes, or media coverage*

Science-Based Prevention Level 2

Program evaluations and Source Documents

Recognized

Programs, principles and policies designed to directly affect youth perceptions of drug and alcohol use, age of first ATOD use, frequency of ATOD use and abuse, or related risk or protective factors for which *positive outcomes have been documented in written form (e.g. conference or workshop reports, internal reports, published, non-academic articles or newsletter).*

NOTES:

Science-Based Prevention Level 3

Single Trial Effectiveness

One Setting

Programs, principles and policies designed to directly affect youth perceptions of drug and alcohol use, age of first ATOD use, frequency of ATOD use and abuse, or related risk or protective factors that *have been reported in a single population or in only one setting.*

Science-Based Prevention Level 4

Meta-analyses, Expert review, and Peer Consensus

Analysis/ Review/Consensus

A number of methods have been used to synthesize prevention research and evaluation reports and scientific publications. This process may include a meta-analysis, consensus, and expert review panels. These techniques may be part of a meta-analysis whereby various program evaluations and/or components of programs that are analyzed for program effectiveness. Another way to determine effectiveness is often done by convening professional prevention organizations or groups of prevention "experts" who review and rate programs, principles, and policies for effectiveness.

Science-Based Prevention Level 5

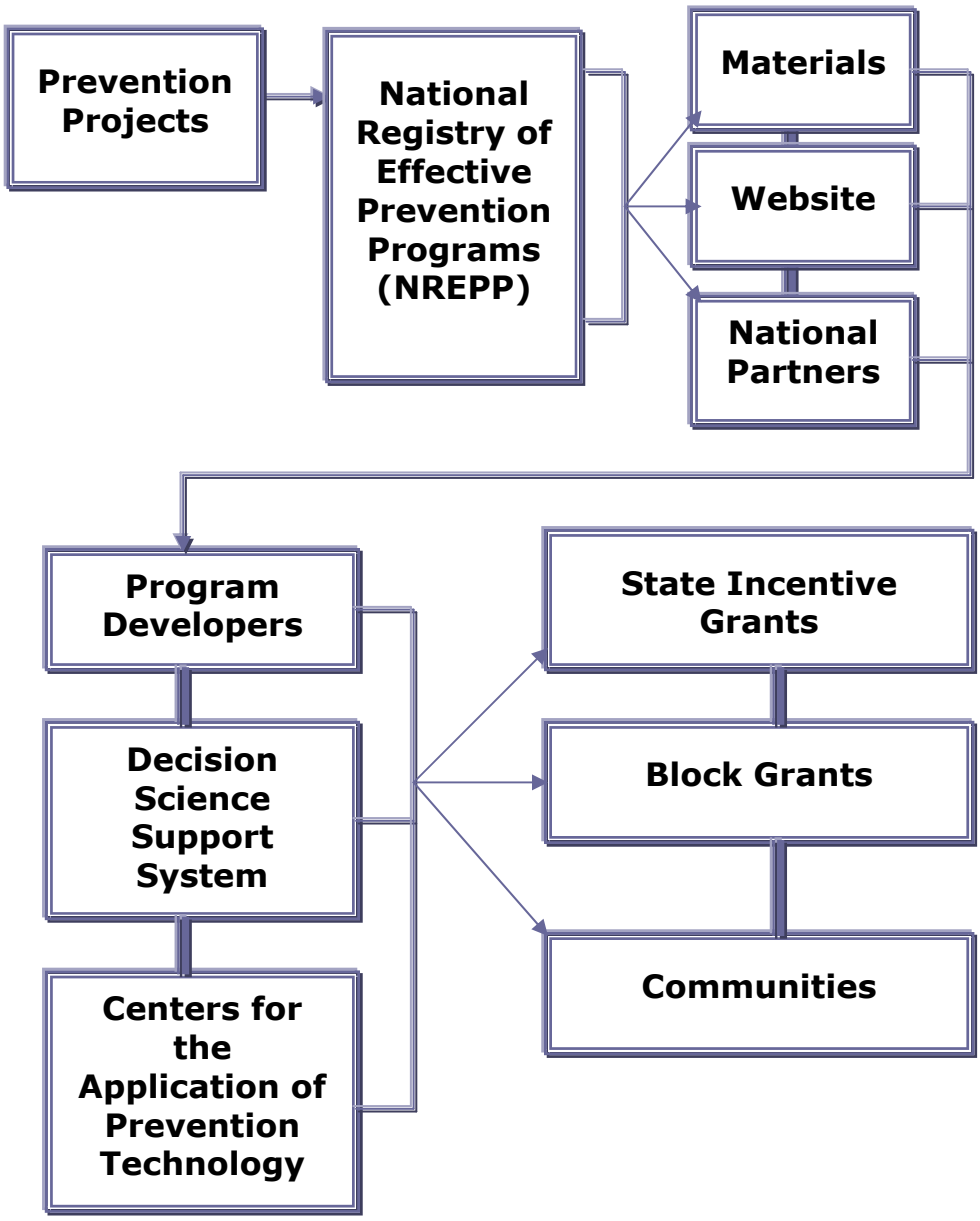
Multiple Site Replication Studies

Replication

Prevention programs, principles and policies designed to directly affect youth perceptions of drug and alcohol use, age of first ATOD use, frequency of ATOD use and abuse, or related risk or protective factors that have been successfully replicated in several settings, preferably across multiple target populations with consideration for age, gender, race/ethnicity, and geographic context.

A Dissemination System

1. Project Implementation & Evaluation
2. Screening & Modeling Program Identification
3. Marketing
4. Training & Technical Assistance
5. Diffusion



NOTES:

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CSAP Review

All Publicly and Privately funded Prevention Programs

Including programs funded by:

- Federal Agencies (NIDA, NIAAA, CDC)
- Foundations
- State and County Governments

Centers for the Application of Prevention Technology (CAPTs)

Bringing Substance Abuse Prevention Research to Practice Through Training and Technical Assistance

♦ Border CAPT:	Tucson, AZ	520-795-9756
♦ Central CAPT:	Anoka, MN	800-782-1878
♦ Northeast CAPT:	Newton, MA	617-969-7100
♦ Southeast CAPT:	Jackson, MS	800-233-7326
♦ Southwest CAPT:	Norman, OK	405-325-1454
♦ Western CAPT:	Reno, NV	888-734-7476

Projection of the Number of NREPP- identified Models

FY 1998 - 7
FY 1999 - 12
FY 2000 - 15
FY 2001 - 18 expected

52 expected

Identification of Program

Criteria:

1) Theory
2) Fidelity of interventions
3) Process Evaluation
4) Sampling Strategy
5) Attribution
6) Outcome Measures
7) Missing Data
8) Outcome Data Collection
9) Analysis
10) Threats to Validity
11) Integrity
12) Utility
13) Replications
14) Dissemination Capability
15) Cultural and Age Appropriateness

1	2	3	4	5
		PROMISING	MODEL	MODEL

NOTES:

Criteria for Selection

Reviewers independently rate the 15 dimensions listed below and then are required to come to consensus regarding the quality of the program in question. Upon submission, your entry program(s) will be evaluated and receive a score based on these criteria.

The ratings for the 15 dimensions range from A1 for "very low quality," to A5 for "very high quality," with detailed criteria following each dimension. Programs rated as model programs are those that are well implemented, are rigorously evaluated, and have consistent positive findings (integrity ratings of A4" or "A5"). Promising programs have integrity ratings of "A3."

1. **Theory –0 the degree to which the project findings are based in clear and well-articulated theory, clearly stated hypotheses, and clear operational relevance.**
   1 = no information about theory or hypotheses specified
   2 = very little information about theory and hypotheses specified
   3 = adequate information about theory and hypotheses specified
   4 = nearly complete information about theory and hypotheses specified
   5 = full and complete information about theory and hypotheses specified

2. **Fidelity of interventions – the degree to which there is clear evidence of high fidelity implementation, which may include dosage data, and evidence of fidelity to the curriculum.**
   1 = no or very weak evidence of fidelity to program curriculum
   2 = weak evidence of fidelity to program curriculum
   3 = some evidence of fidelity to program curriculum
   4 = strong documentation of program
   5 = very strong documentation of program

3. **Process evaluation quality**
   1 = no or little documentation of program
   2 = weak documentation of program
   3 = some documentation of program
   4 = strong documentation of program
   5 = very strong documentation of program

NOTES:

NOTES:

4. **Sampling strategy and implementation-the quality of sampling design and implementation**.
   1 = no control group
   2 = inappropriate control group included or no attempt at random assignment;
   3 = inappropriate control group included or no attempt at random assignment;
   4 = control group included; random assignment at individual or other level (e.g., school);
   5 = control group included; random assignment at individual or other level (e.g., school);

5. **Attrition-evidence of sample quality based on information about attrition**
   1 = no data on attrition or very high attrition (81-100%)
   2 = high attrition (61-80%)
   3 = moderate attrition (41-60%)
   4 = low attrition (21-40%)
   5 = very low attrition (0-20%)

6. **Outcome Measures-the operational relevance and psychometric quality of measures used in the evaluation, and the quality of supporting evidence.**
   1 = no or insufficient information about measures
   2 = poor choice of measures; low psychometric qualities
   3 = adequate choice of measures; mixed quality
   4 = relevant measures with good psychometric qualities
   5 = highly relevant measures with excellent psychometric qualities (core measures)

7. **Missing Data-the quality of implementation of data collection (e.g., amount of missing data).**
   1 = high quantity of missing data
   2 = somewhat high quantity of missing data
   3 = average amount of missing data
   4 = some missing data
   5 = no or almost no missing data

NOTES:

8. Outcome Data Collection-way data collected in terms of bias or demand characteristics and haphazard manner.

1 = very biased manner of data collection with high demand characteristics; data collected in haphazard manner without any standardization
2 = somewhat biased manner of data collection with some demand characteristics; data collected in haphazard manner without any standardization
3 = relatively unbiased manner of data collection; standardized method of data collection
4 = anonymous or confidentiality ensured in data collection; standardized method of data collection
5 = anonymous or confidentiality ensured in data collection; standardized method of data collection; ethnic group or gender match between data collectors and participants specified

9. Analysis-the appropriateness and technical adequacy of techniques of analysis, primarily statistical.

1 = no analyses reported; all analyses inappropriate or do not account for important factors
2 = some but not all analyses inappropriate or left out important factors
3 = mixed in terms of appropriateness and technical adequacy
4 = appropriate analyses, but not cutting edge techniques
5 = proper state-of-the-art analyses conducted, included subgroup analyses

10. Other plausible threats to validity (excluding attrition)-the degree to which the evaluation design and implementation addresses and eliminates plausible alternative hypotheses concerning program effects. The degree to which the study design and implementation warrants strong causal attributions concerning program effects.

1 = high threat to validity or no ability to attribute program effects
2 = threat to validity and difficult to attribute program effects
3 = somewhat of threat to validity and mixed ability to attribute effects to the program
4 = low threat to validity and ability to attribute effects to the program
5 = no or very low threat to validity and high ability to attribute effects to the program

NOTES:

11. Integrity-the overall level of confidence that the reviewer can place in project findings based on research design and implementation.

1 = no confidence
2 = weak, at best some confidence in results
3 = mixed, some weak, some strong characteristics
4 = strong, fairly good confidence in results
5 = high confidence in results, findings fully defensible

12. Utility-the overall usefulness of project findings for informing prevention theory and practice. This rating is anchored according to the following categories, and combines the strength of findings and the strength of evaluation.

1 = The evaluation produced clear findings of null or negative effects for a program with well-articulated theory and program design, the study provides support for rejecting the program as a replication model.
2 = The evaluation produced findings that were predominately null or negative, though not uniform or definitive.
3 = The evaluation produced ambiguous findings because of inconsistency in result or methods weaknesses that do not provide a strong basis for programmatic or theoretical contributions
4 = The evaluation produced positive findings that demonstrate the efficacy of the program in some areas, or support the efficacy of some components of the program.
5 = The evaluation produced clear findings supporting the efficacy of well-articulated theory and program design, the study provides support for the program as a replication model.

13. Replication – Number of replications of model or cultural, gender, age, or local adaptations of model with similar positive results of both the intervention implementation and evaluation.

1 = no replication
2 = one self-replication by program developer in different sites with similar positive results one replication but no independent evaluator
3 = two or more self-replications by program developer in different sites with similar positive results
4 = one or two replications by independent evaluators in different sites with similar positive results
5 = three or more replications by independent evaluators producing similar positive results

NOTES:

14. Dissemination Capability-program materials developed including training in program implementation, technical assistance, standardized curriculum and evaluation materials, manuals, fidelity instrumentation, videos, recruitment forms, etc.

1 = Materials, training and technical assistance not available; in case of model that requires no curriculum (i.e., therapeutic models), training/qualified trainers and technical assistance not available.
2 = Materials available, but of low quality or very limited in scope; training/qualified trainers and technical assistance either not available or limited.
3 = Materials or sufficient quality with limited technical assistance and/or training/qualified trainers.
4 = High quality materials, limited technical assistance and/or training/qualified trainers or vice versa.
5 = High quality materials, technical assistance readily available and training/qualified trainers readily available

15. Cultural- and Age-Appropriateness

1 = no claim of cultural or age appropriate materials targeted for specific populations
2 = claim of cultural-or age-appropriate materials but not of validation
3 = age specific, but not culturally appropriate or vise versa with some face validation
4 = some materials validation materials presented
5 = specialized materials, culturally – and age – appropriate, developed and evaluated or existing validated materials targeting population used.

Drug Prevention Curriculum Model

Adopted from: **Prevention Dimensions**
For examples of lesson plans go to:
http://www.uen.org/

Drug Prevention Curriculum Model

- Participants examine a drug prevention curriculum model

Objectives

Participants will be able to:

- review model curriculum basics for prevention education
- identify a framework from which to choose

Materials and Preparation

Overhead projector

For examples of lesson plans go to: http://www.uen.org/

THE ROLE OF PREVENTION

NOTES:

This drug prevention curriculum model provides a framework for prevention education. It provides the basics for starting or expanding drug education

Guidelines for Curriculum Presentation

Drug prevention education should emphasize:

- That most youths do not use drugs;
- That students should not be separated or grouped according to whether they may be using drugs;
- That information about drugs not be sensationalized;
- That students help themselves and their communities by staying drug free;

A Curriculum Model Philosophy

The primary purpose in a curriculum model is to enhance the development of life skills that keep youth from using drugs. Although a curriculum model may include information about drugs and drug use, its focus is primarily on positive prevention messages: being drug free is something to be proud of; building children's academic and life skills is an important drug prevention strategy; and providing appropriate adult guidance is necessary so that youths will choose to participate in wholesome, healthy activities.

This model should be based on research about human growth and development.

- *Explores the link between normal child growth and development and the possibility of involvement with illegal drugs.*
- *Explains the susceptibility to drugs at various ages*
- *Provides the rationale for lessons and activities so that teachers and others will understand the importance of presenting specific information and helping build specific skills at various age levels.*

The curriculum model should be built around the theme of responsibility:

- *Individual and civic*
- *For self and others is an important component in developing a sense of community.*
- *That they are an important part of the community*
- *Responsible behavior includes not using drugs and helping keep their community drug free.*
- *Teaching of citizenship and ideals that are central to our democracy, such as government by the people and working toward the good of society.*

A curriculum model promotes discussions about:

1. *How children develop and how children at various ages can best learn the prevention message.*
2. *Provides a framework for various parts of the curriculum, especially classroom lessons.*
3. *Activities and parent and community involvement.*

http://www.uen.org/utahlink/lp_res/preve101.txt 01/18/01

NOTES:

In addition to teaching about responsibility, a curriculum model emphasizes generally accepted values-such as being honest, setting goals, helping friends, and exercising self-discipline--which encourage students to be caring and productive citizens. Lesson focus is on activities that provide students with the opportunity to reinforce the norm of non-drug use.

Written and audiovisual materials used in drug prevention programs should, at a minimum, include the following:

1. *Clear and unequivocal messages that illegal drug use is wrong and drug use includes:*
   Use of legally prohibited drugs such as marihuana, cocaine, PCP, and "designer drugs";
   Use of prescription drugs such as tranquilizers or diet pills for purposes other than as prescribed;
   Use of substances such as glues or aerosols that can be inhaled to produce drug- like effects;
   Use of legal drugs including alcohol and tobacco by legally underage persons.

2. *A clear message that any drug use involves risk. Consuming even small amounts of some drugs can pose hazards to one's health and well being. There should be no mixed messages about the risks of drug use. It is not safe, for example, to try a drug* ***"just once****."*

3. *Up to date and scientifically accurate information.*
   Materials more than three to four years old should be reviewed carefully. Alcohol and other drug research is advancing rapidly and altering our knowledge about drugs and their effects on a continual basis.

4. *Information that is appropriate for the developmental age, interests, and needs of students.*
   Prevention messages and activities geared toward appropriate developmental stages are more likely to have an effect. Research has shown that targeting drugs individually is critical because the reasons for drug use vary greatly. Also, prevention messages should be introduced and taught frequently before the pressure for the drug's use begins.

5. *Information that reflects an understanding of cultural diversity.*
   Materials should be sensitive to students' culture and ethnic backgrounds and should not further harmful stereotypes.

http://www.uen.org/utahlink/lp_res/preve104.html 12/4/00

NOTES:

In addition, the following should be avoided:

6. *Material that provides opportunities for students to make excuses about their behavior.*

7. *Material that includes illustrations or dramatizations that **could teach youth how to obtain, prepare,** or consume illegal drugs. Photographs or videos used with prevention lessons should not depict scenes of actual drug use.*

8. *Material that uses recovering addicts or alcoholics as role models. The power of confession might be useful in drug intervention programs that offer counseling to drug using students or adults, but it often has the opposite effect on youth that are not using drugs. Material that features recovering addicts implicitly conveys the message to children that a drug user survived and perhaps even became famous or wealthy.*

9. *Material that uses terms such as social use, responsible use, controlled use, use/abuse; or that describes mind-altering drugs as mood- altering drugs (implying only temporary harm). Many pro-drug publications falsely imply that there is a "safe" use of mind-altering drugs. Or, they may imply that there are no "good " or "bad" drugs, just improper use of drugs. Material should be examined carefully to ensure that it contains no contradictory messages.*

10. *Material that teaches that drug use is a child's own decision Using an illegal or potentially life- threatening substance should not be held out as a decision for children to make*

http://www.uen.org/utahlink/lp_res/preve104.html 12/4/00

Evaluation of a Drug Prevention Curriculum

NOTES:

Evaluating the effectiveness of the drug prevention curriculum model is the goal of the drug prevention curriculum. It should provide facts and skills that will persuade children and youths to remain drug free. The evaluation process requires careful consideration and a somewhat different approach than that used to evaluate other academic curricula.

The evaluation process may include several major tasks: 1) describing the way in which the curriculum and related activities are delivered; 2) assessing whether students have understood information about drugs and their consequences; and 3) assessing whether students' attitudes and/or behavior may have changed over time.

The first evaluation task is designed to improve the curriculum program (for example, to demonstrate the extent to which drug prevention is infused within the overall curriculum, its fit with different subjects and grade levels, or its success in involving parents).

The second evaluation task is similar to those in other curricular areas: Have students grasped the concept of addiction? Do they understand laws regarding minors: Do they understand drug laws: Can they make connections between drug use by individuals and how drugs harm their families, communities, this nation, and the world?

The third task of assessing changes in attitudes and behavior is an ambitious one and ultimately the most important one, for the goal of drug education is to prevent or reduce the use of drugs. Students; attitudes and behavior about drugs are subject to many influences--Family, peers, environment, economic situation, physical and mental health--over which schools have no control. It is difficult to separate the influence of a curriculum from the influence of these other forces. At the same time, surveys that report student attitudes and behaviors toward drug abuse can be used to indicate trends over time among the school populations. Surveys of this sort may fall under the requirements of the federally enacted protection of pupil rights amendment, which is summarized in part VI, page 1.

Surveys can be supplemented by informal measures such as discussions by teachers and principals of what they observed in students following specific lessons or over the course of the school year. All these evaluation methods can be used to inform the community of the prevention program and to improve it over time.

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NOTES:

Examples of Evaluation Activities

Evaluation of the schools' drug prevention education efforts should consider the following general guidelines:

- *Information such as facts about drugs and their effects on the human body can be assessed formally and informally, through tests, quizzes, debates, expository writing, class presentations, and science fairs.*
- *Students need to review and discuss school policies about drugs at least once each year. Assessment of students' knowledge about school policies and regulations may be conducted through anonymous questionnaires.*
- *Schools periodically, through anonymous surveys of students, should assess students' attitudes about and awareness of drugs and their effects, as well as the availability and use of drugs.*
- *Schools periodically, through anonymous surveys of students, should assess students; attitudes about and awareness of drugs and their effects, as well as the availability and use of drugs.*
- *Schools periodically should assess the curriculum through evaluation forms completed by students, teachers, and parents.*

Guidelines for Grade Cluster Evaluations

Evaluation of the effectiveness of lessons and activities within the curriculum model should relate to specific assessment goals for each grade-level division: K-3, 4-6, 7-8, and 9-12.

Some general evaluation considerations follow. (Local colleges and universities, state and local education agencies, and the Department of Education's Regional Centers may offer more specific guidance).

http://www.uen.org/utahlink/lp_res/preve105.txt 01/18/01

NOTES:

Youth at Risk for Drug Use

Among the factors that place youth at risk for drug use are the following:

1. Family history of alcoholism; family history of criminal or antisocial behavior;
2. Family structure and management problems;
3. Early antisocial behavior and hyperactivity;
4. Drug use or positive attitudes toward use by parents;
5. Academic failure, including dropout;
6. Poor school attendance;
7. Long periods of unsupervised time;
8. Lack of motivation to do school work;
9. Alienated or antisocial behavior, including violence;
10. Physical, sexual, or psychological abuse;
11. Health problems, including mental health problems;
12. Teenage pregnancy;
13. Attempted suicide;
14. Poverty and related problems, such as homelessness;
15. A high crime/high drug use environment.

Youths at risk for drug use need more targeted extensive drug prevention efforts. In addition to using the ideas and activities contained in this curriculum model, schools and community agencies should undertake more concentrated efforts for such students, including special such as the following:

- before- and after-school child care;
- counseling services;
- alternative learning programs;
- programs that provide support and information to parents in their native language;
- links to social service or philanthropic agencies for provision of food and clothing for families;
- and youth employment programs, especially in urban minority communities;

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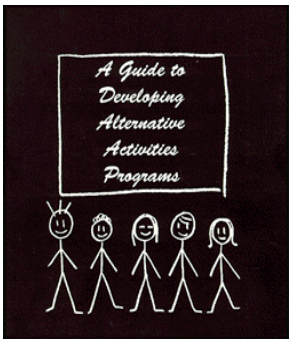
Index A

Use with CSAP Strategies starting on page #4

Posted by: The Indiana Prevention Resource Center at Indiana University

Beyond Prevention Curricula:

A Guide to Developing Alternative Activities Programs



Prepared by
U.S. Department of Education

Washington, D.C.

The Characteristics of Effective Programs

Developing an effective program of alternative activities requires as much planning and attention as any other prevention strategy. Effective programs appear to have the following four overarching characteristics:

1. They respond to the needs and interests of youth.
2. They are integrated into a comprehensive prevention program, reinforcing its lessons and seeking to address specific factors that influence drug use.
3. They promote positive development and resilience of youth by enhancing their competence and sense of autonomy and purpose.
4. They extend the reach of prevention efforts to youth who are at high risk for, or who have already tried using, alcohol or drugs, as well as to families and communities.

Responsiveness to the Needs and Interests of Youth

Although a seemingly simplistic goal, offering appealing activities is essential to program effectiveness. Participation in alternative activities is voluntary. Hence, unless the activities are fun and youth are persuaded to actively participate, the program cannot meet its more serious program objectives. The very value of alternative activities is that their appeal can serve to get the Youth involved in the larger prevention effort. At the same time, the activities are selected and structured to respond to the needs of youth.

Integration into a Comprehensive Prevention Program

Alternative activities by themselves can have only a limited effect on use of alcohol and other drugs. When used in isolation, none of the traditional approaches to prevention has significantly changed behavior. Moreover, the alternative activities must not simply be superimposed on a traditional prevention curriculum, but should be integrated into the school prevention program, so that they reinforce its lessons and provide experiences in which youth can apply the skills being taught or see the practical application or relevance of these lessons to their own lives. Finally, a program of alternative activities can help create an adolescent culture that discourages use of alcohol and other drugs only to the extent that it aims to affect other causes and is combined with other strategies that address them.

http://www.drugs.indiana.edu/publications/beyond/3.html

01/19/01

Promotion of Positive Youth Development and Resilience

Beyond giving youth something worthwhile to do, promising programs are a means to promote learning and growth. The activities should become part of a larger strategy to improve the youth's skills, well being, and positive development in general. Until recently, prevention efforts have been focused primarily on preventing the onset of use of alcohol and other drugs. But prevention also must encompass the more far-reaching goals of promoting the development of healthy environments, life-styles, and behaviors, including a capacity to successfully adapt to life changes and stresses.

Research has demonstrated that resilient youth-those who do not succumb to substance abuse, school failure, or other problem behaviors even though exposed to significant stress and adversity-tend to have at least four attributes:

1. Social competence (adaptability, responsiveness, positive relations with and concern for others);
2. Problem-solving skills;
3. A sense of autonomy (good self-identity or self-efficacy, the ability to act independently and to exert control over the environment); and
4. A sense of purpose and future.

These personal attributes, in turn, have been linked to three conditions in their lives:

1. A caring and supportive environment;
2. High expectations for their behavior; and
3. Opportunities to participate in activities that produce a sense of usefulness and responsibility.

Youth need to acquire a sense of belonging, self-worth, competence, and control over their lives. It is essential to foster a sense of being connected or bonded to family, friends and society. [15] Well-designed alternative activities can significantly improve a school's ability to foster these personal attributes and conditions.

Extension of Prevention Efforts to High-Risk or Drug-Using Youth

Classroom prevention curricula do not reach or meet the needs of all youth equally. Students learn in different ways; most school prevention curricula depend on good language and listening skills. Many youth do not respond well to traditional classroom activities or have already dropped out of school. Chronic absentees and dropouts report significantly higher levels of use of alcohol and other drugs than do their peers who attend school regularly. Reaching these youth is one of the major challenges facing schools.

Most prevention curricula emphasize a no-use message and are directed primarily at preventing the onset of any use of alcohol and other drugs. Prevention clubs, parent-education programs, and even many community programs have reported an inability to reach youth that have already become involved in use or are at high risk. A large-scale evaluation of parent-led prevention programs and youth clubs has indicated that although they may prevent or reduce use among participants, the youth who are more likely to participate in such activities are those who already may be at lower risk. [16]

Creative alternative activities have the potential to attract into the sphere of prevention efforts youth who would otherwise not have been exposed or responsive to a prevention message, and to teach them necessary skills and give them positive experiences they would not otherwise have. These activities can also get parents involved in the program, extend prevention information to them, and raise awareness of the problem within the community.

http://www.drugs.indiana.edu/publications/beyond/3.html

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The Rationale for Alternative Activity Programs

Why Supplement School Prevention Curricula?

One of the main lessons taught by two decades of research on the prevention of alcohol and other drug use among youth is that although the school is the cornerstone of prevention efforts, prevention curricula by themselves are not enough. The roots of alcohol and other drug use are complex, and the number of risk factors in one's life appears to be a more reliable predictor of use than any single influence. Thus prevention programs employing strategies that address multiple risk factors are more effective than any single strategy. [1]

More specifically, the influence of classroom prevention efforts is limited by the short time devoted to them and by the variety of strong enticements to drug use that lie beyond the school's boundaries. Indeed, the anti-drug messages that youth receive in school are often undermined by the messages they receive outside school, especially in the case of alcohol.

Furthermore, school prevention curricula have not proved equally effective for all youth. Some do not have the learning skills they need to absorb today's complex curricula; others have already dropped out of school. Research has also shown that school prevention programs have been less successful with youth that are at high risk for using drugs, or are already using them, than with the general student population. Innovative techniques are needed to expand the amount of time that all youth are exposed to prevention messages, to improve the delivery of prevention information to more youth, and to reduce the influences on use that are beyond the school's reach.

One way to enhance school-based prevention efforts is to get youth involved in healthy pursuits that reduce their exposure to risky situations that promote use of alcohol and other drugs, especially during their leisure time.

Research shows that participation in adult-monitored activities during early adolescence is an important deterrent to drug use, as well as to problem behavior in general. Students who are involved in school, family, and church activities under adult supervision are less likely to use tobacco, alcohol, and marijuana. [2]

A stimulating regimen of activities can help prevent youth from turning to alcohol or other drugs in order to cope with stress, to escape from problems, to engage in self-discovery, or to win popularity. Many youth appear to turn to alcohol or other drugs out of a desire to take risks or experience new sensations. Because risk taking and sensation seeking are normal for adolescents, a reasonable prevention goal is not to suppress these desires but to re-channel them into more desirable, socially acceptable outlets or other means of expression, such as physically challenging activities.[3]

What Is the Current Challenge?

Today's youth especially need alternative activities. During the 1980s, steadily shrinking funding caused most youth service organizations to scale back their recreation and other activities-oriented community programs. Schools also scaled back their extracurricular programs partly because of budgetary restrictions and partly because extracurricular activities were seen as being in conflict with academic excellence. As a result, today's youth have fewer activities available to them and more unsupervised free time than any recent generation. In a survey of 1,000 adults who lived in the Los Angeles riot zone, recreation and youth services were overwhelmingly identified as the top priority for government.

At the same time, profound changes in American family life have increased the need for supervised after-school activities. The growth of single-parent and dual-career families has resulted in increasing numbers of "latchkey" children being left alone at home after school, without companionship or supervision from responsible adults. Although the exact number of latchkey youth is uncertain, conservative estimates range from 2 million to 6 million for youth under 13 years of age. Approximately 27 percent of eighth-graders regularly spend two or more hours at home alone per day.[4]

Although little research has been conducted on the effects of these conditions, the risks they pose to youth are clear. School accounts for only about a third of the typical student's day; approximately 40 percent is discretionary time, time that "represents an enormous potential for either desirable or undesirable outcomes."[5] The after-school hours are the most common time for youth to become involved in drug use, sex, and crime.[6] In one important study, eighth-graders who cared for themselves for 11 or more hours a week were found to be at twice the risk of substance use as those who were cared for by adults. [7]

This problem is particularly acute for middle-school youth, who are making two major life transitions - transferring schools and undergoing puberty- in which they are at highest risk for initiation into alcohol or other drug use. These are also the years when self-care increases and access to and involvement in activities decline. Almost all after-school care programs are for elementary school youth, and few middle- or junior high schools provide the range of after-school activities offered in most senior high schools. Many adolescents in this critical stage of development are less likely to be closely monitored by adults than younger or older youth. Moreover, after age 10, participation in sports steadily declines. In one survey of elementary and middle school principals, 84 percent of respondents said that children needed increased access to organized before- and after-school programs.[8]

Access to and participation in youth programs varies greatly by socioeconomic level and geography. The decline in publicly funded recreation services has aggravated the disparity in their availability between upper- and lower-income areas. For example, in one study 60 percent of eighth-graders from the lowest-income families were found to participate in organized out-of-school activities, compared with 83 percent from the highest-income families. Moreover, almost twice as many low-income youth (17 percent) as high-income youth (9 percent) were under self-care for more than three years.[9]

Child-care surveys also show wide variation by income in the participation of children in after-school enrichment activities. Constructive youth activities in settings that are safe, clean, and free of illegal drug activity are rarely available in poor urban areas. Many poor rural areas also have no community activity programs and facilities outside school.[10]

How Effective Are Alternative Activities?

Alternative activities have been the suspect of much confusion, criticism, and skepticism. Past programs have suffered from numerous conceptual and practical flaws. Beyond the underlying rationale of providing youth with something constructive to do, the concept of alternative activities has been poorly defined and few guidelines are available. Criteria for selecting and developing the activities are negligible, and the approach has been so broadly and loosely articulated that it has encompassed almost every conceivable licit activity in a youth's life and every prevention activity outside of school curricula. [11]

http://www.drugs.indiana.edu/publications/beyond/2.html

01/19/01

Programs have been created around youth involvement in community service, recreational activities (e.g., outdoor activities, athletics), skill development (art, music) and academics, to cite a few examples. Some programs have sponsored a single activity; others have offered multiple activities at teen centers. Some have done little more than occupy time; others have sought to deal with participants' social and personal needs and to provide basic skills training, at times even attempting to match specific activities with individuals' needs. Still others have just provided information about what alternatives to use of alcohol and drugs are available.[12] Many have been, in effect, teen "prevention" clubs that provide support and organized activities that emphasize avoidance of alcohol and other drug use; others avoid any mention of drug use at all.

As a result, there is uncertainty over exactly what an alternative program is and what its goals should be. Furthermore, conclusions about the effectiveness of this approach have been difficult to draw because so few programs have been evaluated and the results have been mixed and difficult to interpret. Some programs appear to have prevented or reduced use of alcohol and other drugs, whereas others have had little or no effect, and some have even increased use. Most reviewers of prevention research ignore the strategy, or conclude that there is little or no evidence of its effect on behavior, or admit only that it "may be" effective.[13]

Because of the lack of program evaluations, there is little scientific evidence on what works. This problem is not limited to the alternative strategy, but is widespread in the prevention field. Given the limited evidence, the strategies recommended in this guide are those that appear most promising based on current research and theory on the causes of drug use and the failings of past programs, and on the assessments of the directors of promising programs about the keys to success and the needs of the field. In short, conclusions regarding what works are based more on the opinions of experts than on formal evaluations.

The mixed results found in evaluations of alternative activity programs can be attributed in part to the wide variety of programs included in this category. Because the use of alcohol and drugs occurs as a function of many interacting forces, it is also evident that simply providing youth with some other activity will not by itself necessarily prevent use of alcohol and other drugs. For example, the extent of such use among athletes illustrates that there is no simple causal relationship between regular exercise and lower use of alcohol or other drugs, and in at least one review of alternative activity programs, sports were associated with increases in alcohol use. [14]

Nevertheless, research and practice have begun to identify strategies that have been shown to enhance the prevention effectiveness of alternative activities programs.

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http://www.drugs.indiana.edu/publications/beyond/2.html

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Index B

The National Registry of Effective Prevention Programs (NREPP)

(To be used with Science-Based Programs Page 28)

- A comprehensive assessment process for programs which have been formally evaluated
- Serving to identify Model Programs
- On-line Registry Available at: http://www.preventionregistry.org/

Form Approval
OMB No. 0930-0210
Exp. Date 5/31/2003

Center for Substance Abuse Prevention

Prevention Registry

This site offers you the opportunity to register prevention programs and share information with others in the field. Just fill in the on-line form below, providing as much detail as possible.

You may also nominate a prevention program to be considered as a **Model Program.** For these more formally evaluated programs, please submit the following types of supporting program evaluation documentation (the information you submit will be used ONLY for model program review as described above; for any other uses, CSAP will contact you to request permission):

- journal article(s)
- final project outcome evaluation reports
- program implementation materials (e.g. training manuals, curricula, video, implementation guides)

These materials must be submitted to:
Pat Heister
DHHS/SAMHSA/CSAP/DKDE
5600 Fishers Lane
Rockwall 2 Building,
Suite 1075
Rockville, MD 20857

Nominated programs will be reviewed by teams of trained evaluators using a set of **15 criteria**.

CSAP will promote **Model Programs**, which agree to be part of the Dissemination effort in the following ways:

- Posting detailed implementation and evaluation information on CSAP's Model Programs Website
- Conducting a marketing campaign to national membership organizations, foundations, federal agencies
- Including the program in a roster of science-based programs from which CSAP grantees must chose.
- Supporting training and technical assistance through CSAP's regional Centers for Applied Prevention Technology.
- Including the program in CSAP's Decision Science Support System, an on-line resource for identifying, implementing and evaluating science-based prevention programs.
- Automatic selection as one of CSAP's honorees at the annual Exemplary Awards in substance abuse prevention

http://www.preventionregistry.org/ 01/16/01

BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to vary from 15 to 75 minutes per response, with an average of 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0210); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0210.

Contact Information

* = Required Entries

HHS Privacy Policy Notice

*Program Name:	
*Admin. Org. Name:	
*Contact Person:	
Contact Title:	
Contact Address 1:	
Contact Address 2:	
Contact Address 3:	
Contact City:	
Contact State:	
*Contact Zip:	
Contact Country:	
Contact Phone:	
Contact Fax:	
*Contact e-mail:	
Year Started:	
Year Ended:	
# Participating/Yr.:	

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General Program Information

Outcome Domains Targeted by Intervention: (check all that apply)

- [IND] Individual
- [P] Peer
- [F] Family
- [S] School
- [INS] Institutional
- [W] Workplace
- [C] Community
- [M] Media
- [F] Faith Community
- [O] Other Specify: [ ]

Type of Prevention Program: (check all that apply)

- [U] Universal (general population)
- [S] Selected (high risk group)
- [I] Indicated (diagnosed or apparent risk in participant referred)
- [DK] Don't know/Blank/NA

Age Range of Participants: (check all that apply)

- [EC] Early Childhood (0-4)
- [SA] School Age (5-11)
- [EA] Early Adolescent (12-14)
- [T] Teenagers (15-17)
- [Y] Young Adults (18-24)
- [A] Adults (25-54)
- [S] Seniors (55+)

Race/Ethnicity of Project Participants Includes: (check all that apply)

- [AI] American Indian or Alaska Native
- [A] Asian
- [B] Black or African American
- [H] Hispanic or Latino
- [HP] Native Hawaiian or Other Pacific Islander
- [W] White
- [O] Other, Specify: [ ]

Gender of Participants: (check all that apply)

F	Female
M	Male

Geographic Setting or Population Density Setting: (check all that apply)

U	Urban
S	Suburban
R	Rural
T	Tribal Reservation

Program Activities and Implementation Information

Intervention Activities or Categories: (check all that apply)

I	Information Material Development/Dissem.
M	Media/Publicity Campaigns
EY	Substance Abuse Education Services for Youth
EP	Substance Abuse Ed. Services for Parents/Caregivers
S	Skills Training
CA	Professional/Community Activist Skills Develop.
ALT	Alternative Drug-free Activities
CS	Community Service
T	Tutoring
L	Youth/Adult Leadership (e.g., mentoring)
PI	Problem Identification Referral
CT	Counseling/Therapy/Advice (Indiv. or Group)
F	Family Strengthening Activities
PE	Policy Enforcement, Including Drug Testing
AD	Advocacy of Substance Abuse Policy Changes
O	Other, Specify:

Training & Technical Assistance Available for Replicating Your Program:

Y	Yes
N	No
DK	Don't Know

Program Materials are Available to Assist Replication:

Y Yes

N No

DK Don't Know

Approximate Cost per Participant Completing Program or Receiving Services:

Recruitment or Retention Strategies Needed to Run Program Successfully:

T Transportation

F Food (Meals)

C Child Care

B Basic Needs (Clothing, etc.)

S Session Payment, $/Person:

E Evaluation Payment, $/Person:

O Other, Specify:

Dosage - Sessions (Minimum Number of Sessions Required for Intervention):

Dosage - Hours (Minimum Number of Hours Required for Intervention):

Booster Sessions: (check all that apply)

6 MO 6 Months

12 MO 12 Months

18 MO 18 Months

24 MO 24 Months

36 MO 36 Months

4 YR 4 Years

5 YR 5 Years

Number of Booster Sessions:

Hours in each Booster Session:

Evaluation Information

Number of Completed Project Evaluations:

NOTE: Please complete the following eight questions with information from your best study.

Evaluator and E-mail Address (Individual/Org. Evaluating the Project):

Random Assignment to Treatment and Comparison Groups (Indicate Number of Studies Completed for each Category): (check only one)

RAND	Random Assignment (Individual or Block)
NOT R	Not Random (Matched)
NOT R	Not Random (Not Matched)
NO	No Comparison
DK	NA/Don't Know/Blank

Initial Treatment Sample Size:

Initial Control or Comparison Sample Size:

Final Treatment Sample Size:

Final Control Sample Size:

*Abstract (Project Overview - Describe Evaluation & Data Analysis Briefly - Approx. 300 words):

Summary of Key Findings by Domain - Approx. 300 words:

Do we have permission to put the information you have submitted on the World Wide Web?

N No Y Yes

National Prevention System Database

This Prevention Program relates most directly to which of the 30 priority Objectives created by the National Congress for Substance Abuse Prevention.

Check no more than 4 of the most relevant objectives.

National Prevention System Infrastructure

N1 [N1] Increase the breadth and depth of the National Substance Abuse Prevention System through enhanced collaboration and networking.

N2 [N2] Increase the capacity of the field to conduct culturally sensitive and relevant research (training, instrumentation, recruitment of minority researchers.)

N3 [N3] Increase the capacity of individuals, communities, and systems to deliver science-based prevention strategies.

N4 [N4] Increase predictability, sustainability, flexibility, and accessibility of federal, state and private funding for substance abuse prevention efforts.

N5 [N5] Increase advocacy for effective substance abuse prevention.

N6 [N6] Increase the marketing of substance abuse prevention.

Strengthen Communities

C1 [C1] Increase identification of substance abuse prevention service needs and improve targeting of resources to youth-serving community programs.

C2 [C2] Increase the number of effective anti-drug community coalitions and partnerships dedicated to substance abuse prevention.

C3 [C3] Increase the number of communities promoting healthy norms and no illegal substance abuse in order to develop effective prevention policies and strategies.

Strengthen Youth

Y1 [Y1] Increase the percent of youth who perceive that use of illegal drugs, alcohol and tobacco is harmful and disapprove of their use.

Y2 [Y2] Increase positive development, resilience, and social competencies for prevention of substance abuse and other problems facing youth.

Y3 [Y3] Increase the number of health care, education, and social service providers and programs that intervene early to protect children and adolescents impacted by living in substance abusing or other harmful environments.

Strengthen Parents and Families

F1 [F1] Increase the number of families who promote pro-social norms and accurate perceptions of the extent and consequences of alcohol, tobacco and illicit drug use and abuse.

F2 [F2] Increase parent/child attachment and parents' effectiveness in supervision and discipline.

F3 [F3] Increase delivery of basic needs and social supports to families experiencing critical life transactions.

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Strengthen Schools

S1 S1 Increase number of youth who like, bond to, and succeed in school.

S2 S2 Increase number of schools with positive climates and no-use norms.

S3 S3 Increase the number of communities with positive school climates and no-use norms.

Strengthen Faith Communities

FC1 FC1 Increase the number of faith community organizations and congregations that adopt substance abuse prevention as part of their responsibilities.

FC2 FC2 Increase the number of faith community leaders who are knowledgeable of and skilled in substance abuse prevention.

FC3 FC3 Increase the number of faith community leaders who can identify and address emerging substance abuse problems among members of their congregations and church families.

Strengthen Workplace

W1 W1 Increase the number of drug-free workplace programs that emphasize a comprehensive program that includes: drug testing, education, prevention and intervention.

W2 W2 Increase the substance abuse prevention/early intervention partnerships between workplaces and healthcare delivery systems.

W3 W3 Increase the knowledge base, compliance, and incentives for comprehensive drug-free workplace programs.

Strengthen Health Care

HC1 H1 Increase the use of preventive interventions in health care as a primary tool in risk management.

HC2 H2 Decrease negative consequences related to substance abuse and co-occurring disorders.

HC3 H3 Increase the number of participant contacts with health care services (regular, episodic, at transitional points) provided by health care providers that include a substance abuse assessment and appropriate follow-up.

Strengthen Research

R1 R1 Increase development, expansion, and synthesis of research and evaluation on prevention principles and best or promising practices across cultural populations.

R2 R2 Increase the dissemination of science-based principles and best or promising practices.

R3 R3 Increase the rate of adaptation, application, and assessment of the use of science-based principles and practices.

Index C

ATOD Publications and Periodicals

Does not constitute or imply endorsement by the Center for Substance Abuse Prevention, the Public Health Service, or the Department of Health and Human Services. The materials have been reviewed for accuracy, appropriateness, and conformance with public health principles.

It is not an all-inclusive listing of materials on this topic.

http://www.drugs.indiana.edu/publications/ncadi/radar/rguides/periodc.html

01/18/01

For further information on alcohol and other drugs,
call 301-468-2600, 800-729-6686, or TDD 800-487-4889.

Inventory Number MS449

-Journals-

ADDICTION & RECOVERY: THE ALCOHOL & DRUG PUBLICATION. Richard L. Peck, ed.; Bimonthly; $33; International Publishing Group, 4959 Commerce Pkwy., Cleveland, OH 44128; Tel: 800-342-6237.
Research and practice related to intervention, treatment and aftercare for adults and adolescents; includes articles on education, prevention, exercise, nutrition, and personal and work relationships in recovery.

ADDICTIONS NURSING NETWORK: A JOURNAL FOR NURSES TREATING DRUG AND ALCOHOL PROBLEMS. Madeline A. Naegle, Ph.D., ed.; Quarterly; $95; Mary Ann Liebert, 1651 3d Ave., New York, NY 10128; Tel: 212-289-2300.
Provides current information on drug and alcohol abuse.

ADDICTIVE BEHAVIORS: AN INTERNATIONAL JOURNAL. Peter M. Miller, Ph.D., ed., Bimonthly; $357; Pergamon Press, Maxwell Hse., Fairview Pk., Elmsford, NY 10523; Tel: 914-592-7700.
Original research and professional papers in the area of alcohol and other drug abuse; focuses on alcohol and drug abuse, smoking, and problems associated with eating.

ADOLESCENT COUNSELOR: EDUCATION ABOUT ADDICTIONS. Cliff Creager, ed.; Bimonthly; $26; A&D Publications, 3201 SW 15th St., Deerfield Beach, FL 33442-8190; Tel: 800-551-9100.
Education and prevention aspects of adolescent addictions for people who work with youth but are not professionals in the addiction field.

ADVERTISING AGE: THE INTERNATIONAL NEWSPAPER OF MARKETING. Rance Crain, ed.; Weekly; $84; Crain Communications, 965 E. Jefferson Ave., Detroit, MI 48207-3185; Tel: 800-678-9595.
Current information on media buying, sales promotion, management, direct marketing, trend analysis, and leading advertisers, with special sections on selected industries.

AIDS EDUCATION AND PREVENTION: AN INTERDISCIPLINARY JOURNAL. Francisco S. Sy, MD, ed.; Quarterly; $70 (Institutional); Guilford Press, 72 Spring St., 4th Fl., New York, NY 10012; Tel: 212-431-9800.
Information on prevention of AIDS for all professionals: epidemiologists, physicians, health educators, psychologists, social workers, counselors and legislators.

ALCOHOL, DRUGS AND DRIVING. Herbert Moskowitz, ed.; Quarterly; Free; Brain Research Institute, University of California, 43-367 CHS, Los Angeles, CA 90024-1746; Tel: 213-825-3417.
Conspectus of recently published literature on the subject of driving skills impairment caused by alcohol and drugs used separately or in combination.

ALCOHOL HEALTH & RESEARCH WORLD. Dianne M. Welsh, ed.; Quarterly; $8; U.S. Superintendent of Documents, Washington, DC 20402; Tel: 202-842-7600.
Current research findings, prevention, treatment, and training program descriptions; and observations and opinions from workers providing services in the field.

ALCOHOLISM: CLINICAL AND EXPERIMENTAL RESEARCH. Marcus A. Rothschild, MD, ed.; Bimonthly; $208; Williams & Wilkins, 428 E. Preston St., Baltimore, MD 21202; Tel: 301-528-4000.
Clinical and research studies on alcoholism, alcohol-induced syndromes and resultant organ damage.

ALCOHOLISM: JOURNAL ON ALCOHOLISM AND RELATED ADDICTIONS. Vladimir Hudolin, ed.; Semiannual; $20; Centre for Study and Control of Alcoholism and Addictions, Vinogradska 29, 41000 Zagreb, Croatia.
International journal includes original scientific papers, reviews, and case reports.

AMERICAN JOURNAL OF DRUG AND ALCOHOL ABUSE. Edward Kaufman, MD, ed.; Quarterly; $315; Marcel Dekker Journals, Box 10018, Church St. Sta., New York, NY 10249; Tel: 212-696-9000.
Forum for the exchange of ideas, including sociology, medicine, and public health.

AMERICAN JOURNAL OF PUBLIC HEALTH. Mervyn Susser, DPH, ed.; Monthly; $160; American Public Health Assn., 1015 15th St., NW, Washington, DC 20005; Tel: 202-789-5600.
Reports of original research, demonstrations, evaluations, and other articles covering current aspects of public health.

AMERICAN MEDICAL NEWS. Barbara Boisen, ed.; Weekly; $80; American Medical Assn., 515 N. State St., Chicago, IL 60610; Tel: 312-464-0183.
Impartial forum for information affecting physicians and their practices.

THE BOTTOM LINE ON ALCOHOL IN SOCIETY. Robert L. Hammond, ed.; Quarterly; $20; Alcohol Research Information Service, 1106 E. Oakland Ave., Lansing, MI 48906.
For professionals and laypeople, deals with research, issues, events, and opinions about public policy in the field of alcohol problems, with emphasis on prevention.

BRITISH JOURNAL OF ADDICTION. Griffith Edwards, ed.; Monthly; $575; Carfax Publishing, P.O. Box 25, Abingdon, Oxfordshire OX14 3 UE, UK; Tel: 0235-555355.
Emphasis is international and multidisciplinary; main focus is on the broad area of drug, alcohol and nicotine studies with occasional papers on other compulsions.

CHANGES. Jeffrey Laign, ed.; Bimonthly; $18; U.S. Journal of Drug & Alcohol Dependence, 3201 SW 15th St., Deerfield Beach, FL 33442; Tel: 800-851-9100.
Addresses the problems facing adult children from troubled families.

CONTEMPORARY DRUG PROBLEMS. Robin Room, ed.; Quarterly; $45 (institutional); Federal Legal Publications, 157 Chambers St., New York, NY 10007; Tel: 212-243-5775.
Designed to provide practical guidance to attorneys, educators, social workers, administrators, sociologists and doctors.

THE COUNSELOR. Laura M. Schmidt, ed.; Bimonthly; $36; National Assn. of Alcoholism & Drug Abuse Counselors, 3717 Columbia Pike, Ste. 300, Arlington, VA 22204-4254; Tel: 703-920-4644.
Information on current research and treatment.

THE DRINKING AND DRUG PRACTICES SURVEYOR. David C. Smith, ed.; Annual; $5; Alcohol Research Group, 2000 Hearst Ave., Berkeley, CA 94709-2176; Tel: 510-642-5208.
Multidisciplinary perspectives on population studies of alcohol and other drug practices and problems.

DRUG AND ALCOHOL DEPENDENCE: AN INTERNATIONAL JOURNAL ON BIOMEDICAL AND PSYCHOSOCIAL APPROACHES. Dr. Hans Halbach, ed.; Bimonthly; $356; Elsevier Publications, P.O. Box 85, Limerick, Ireland.
Multidisciplinary journal promoting rational approaches in research and intervention activities for workers in the field of biomedicine; also clinical, epidemiological, sociocultural, educational and medico-legal research.

DRUG AND ALCOHOL REVIEW. John B. Saunders, ed.; Quarterly; $220; Carfax Publishing, P.O. Box 25, Abingdon, Oxfordshire OX13 3UE, England; Tel: 0235-555355.
Papers on the clinical, biomedical, psychological and sociological aspects of alcohol, tobacco and drug use.

DRUGS & SOCIETY: A JOURNAL OF CONTEMPORARY ISSUES. Bernard Segal, Ph.D., ed.; Quarterly; $123.50; Haworth Press, 10 Alice St., Binghamton, NY 13904; Tel: 800-342-9678.
Current information on alcohol and other drug abuse, directed toward researchers, professionals, practitioners, and students in alcohol and other drug abuse related fields.

EAP ASSOCIATION EXCHANGE. Rudy M. Yondrick, ed.; Monthly; Free to members; Employee Assistance Professionals Assn., 4601 N. Fairfax Dr., Suite 1001, Arlington, VA 22203; Tel: 703-522-6272.
Provides articles of interest to the EAP field and news of the association.

EAP DIGEST: THE VOICE OF EMPLOYEE ASSISTANCE PROGRAMS. George T. Watkins, ed.; Bimonthly; $36; Performance Resource Press, 2145 Crooks Rd., Troy, MI 48084; Tel: 313-643-9580.
Focuses on employee alcohol, drug and personal problems that affect job performance.

EMPLOYEE ASSISTANCE QUARTERLY. Keith McClellan, ed.; Quarterly; $125; Haworth Press, 10 Alice St., Binghamton, NY 13904; Tel: 800-342-9678.
Covers development of scholarly and research literature on work-based alcoholism programs and the employee assistance movement.

THE FAMILY THERAPY NETWORKER. Richard Simon, Ph.D., ed.; Bimonthly; $26; Family Therapy Network, 8528 Bradford Rd., Silver Spring, MD 20901; Tel: 301-589-6536.
Professional journal for social workers, psychologists, therapists and educators.

HEALTH EDUCATION QUARTERLY. Marshall Becker, ed.; Quarterly; $165; John Wiley & Sons, 605 Third Ave., New York, NY 10158; Tel: 212-692-6000.
Forum for primary research and program evaluation in public health education.

THE INTERNATIONAL JOURNAL OF THE ADDICTIONS. Stanley Einstein, Ph.D., ed., Monthly; $895; Marcel Dekker Journals, 270 Madison Ave., New York, NY 10016; Tel: 212-696-9000.
Includes communications on research, training, and treatment -- exchanging essential theory and empirical information.

THE INTERNATIONAL JOURNAL ON DRUG POLICY. Alan J. Matthews, ed.; Bimonthly; $130 (institutional); The Journal, 10 Maryland St., Liverpool L1 9BX, England.
Presents research, information and policy analysis of the global drugs debate. Focus is on the effects of drug policy and practice on drug using behavior and its consequences.

JAMA: THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. George D. Lundberg, MD, ed.; Weekly; $95; The Association, 515 N. State St., Chicago, IL 60610; Tel: 312-464-0183.
Forum for discussion of matters in the field of medicine.

JOURNAL OF ADDICTIVE DISEASES: THE OFFICIAL JOURNAL OF THE AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM). Barry Stimmel, MD, ed.; Quarterly; $225; Haworth Press, 10 Alice St., Binghamton, NY 13904; Tel: 800-342-9678.
Covers current topics in the alcohol and other drug abuse field and devotes an entire issue to each topic.

JOURNAL OF ADOLESCENT CHEMICAL DEPENDENCY. Paul B. Henry, MDiv, ed.; Quarterly; $65; Haworth Press, 10 Alice St., Binghamton, NY 13904; Tel: 800-342-9678.
Emphasizes the practice and orientation of adolescent alcohol and other drug abuse by addressing a range of clinical issues on treating the chemically dependent adolescent and family.

JOURNAL OF ADOLESCENT RESEARCH. Ellen Thornburg, ed.; Quarterly; $84 (institutional); Sage Publications, 2455 Teller Rd., Newbury Pk., CA 91320; Tel: 805-499-0721.
Interdisciplinary journal providing professionals and practitioners with current information on many aspects of individuals 10-20 years of age.

JOURNAL OF ALCOHOL AND DRUG EDUCATION. Gerald Globetti, ed.; 3 issues/year; $40; Alcohol and Drug Problems Association of North America, Box 10212, Lansing, MI 48901.
Forum for various educational philosophies and differing points of view on alcohol and other drugs. Reports teacher experience and experiments and provides a reference resource for teaching materials, techniques and procedures.

JOURNAL OF AMERICAN COLLEGE HEALTH. Martha Wedeman, ed.; Bimonthly; $65; Heldref Publications, 4000 Albemarle St., NW, Washington, DC 20016; Tel: 202-362-6445.

Forum on college health care covering developments and research in this field; features research articles and practical help of clinical and program notes.

JOURNAL OF BLACK STUDIES. Molefi Kete Asante, ed.; Quarterly; $112 (institutional); Sage Publications, 2455 Teller Rd., Newbury Pk., CA 91320; Tel: 805-499-0721.
Analytical discussion of issues about persons of African descent. Includes original papers on a range of social science questions.

JOURNAL OF CHEMICAL DEPENDENCY TREATMENT: CLINICAL TOPICS FOR THE PRACTITIONER. Bruce Carruth, Ph.D., ed.; Semiannual; $125 (institutional): Haworth Press, 10 Alice St., Binghamton, NY 13904; Tel: 800-342-9678.
For professionals providing direct clinical services. Each issue examines a specific chemical dependency problem.

JOURNAL OF DRUG EDUCATION. Seymour Eiseman, DrPH, ed.; Quarterly; $106.50; Baywood Publishing, Box 337, Amityville, NY 11701; Tel: 516-691-1270.
Contains current and practical articles on the latest developments in prevention practices, and issues and trends in drug education and addiction management.

JOURNAL OF DRUG ISSUES. Richard L. Rachin, ed.; Quarterly; $70; The Journal, Box 4021, Tallahassee, FL 32303.
Critical commentary on a range of drug policy issues.

THE JOURNAL OF HEALTH AND SOCIAL BEHAVIOR. Mary L. Fennell, ed.; Quarterly; $63 (institutional); American Sociological Assn., 1722 N St., NW, Washington, DC 20036; Tel: 202-833-3410.
Empirical studies, theoretical analyses, and synthesizing reviews that employ sociological perspectives to clarify aspects of social life bearing on human health and illness, both physical and mental.

THE JOURNAL OF PRIMARY PREVENTION. Thomas P. Gullotta, ed.; Quarterly; $155; Human Sciences Press, 233 Spring St., New York, NY 10013-1578; Tel: 212-620-8000.
Presents theoretical, empirical and methodological research in all major areas of intervention in human services prevention to develop prevention as a scientific and professional specialty.

JOURNAL OF PSYCHOACTIVE DRUGS: A MULTIDISCIPLINARY FORUM. E. Leif Zerkin and Jeffrey H. Novey, eds.; Quarterly; $120 (institutional); Haight-Ashbury Publications, 409 Clayton St., 2d Fl., San Francisco, CA 94117; Tel: 415-365-1904.
Focuses on human use and abuse of alcohol and other drugs, also related issues such as AIDS.

JOURNAL OF PUBLIC HEALTH POLICY. Milton Terris, MD, Ph.D., ed.; Quarterly; $100. S. The Journal, 208 Meadowood Dr., S. Burlington, VT 05403; Tel: 802-658-0136.
All aspects of public health policy, including prevention, medical care, and physical and social environment.

JOURNAL OF SCHOOL HEALTH. R. Morgan Pigg, Jr., HSD, ed.; Monthly; $80; American School Health Assn., Box 708, Kent, OH 44240.
Current trends, research and developments on the physical and mental health of school age children.

JOURNAL OF STUDIES ON ALCOHOL. Drs. Jack H. Mendelson and Nancy K. Mello, eds.; Bimonthly; $110 (institutional); Rutgers University, Box 969, Piscataway, NJ 08855; Tel: 908-932-2190.
Contributes to the knowledge about alcohol, its use, misuse and its biomedical, behavioral and sociocultural effects.

JOURNAL OF SUBSTANCE ABUSE. Ted D. Nirenberg, pH, ed.; Quarterly; $100 (institutional); Ablex Publishing, 355 Chestnut St., Norwood, NJ 07648; Tel: 201-767-8450.
Articles about alcohol abuse, drug abuse, smoking, and obesity, including research reports and reviews.

JOURNAL OF SUBSTANCE ABUSE TREATMENT. John E. Imhof, Ph.D., and Robert Hirsch, MD, eds.; Quarterly; $160.71; Pergamon Press, Maxwell Hse., Fairview Pk., Elmsford, NY 10523; Tel: 914-592-7700.
Original articles on clinical treatment of drug abuse and alcoholism directed toward both private and public treatment practitioners.

THE JOURNAL OF THE ADDICTION RESEARCH FOUNDATION. Anne MacLennan, ed.; Bimonthly; $15; The Foundation, 33 Russell St., Toronto, Ontario M5S 2S1, Canada; Tel: 416-595-6102.
For professionals on developments, issues, and events of national and international significance in the field of alcohol and other drugs.

JOURNAL OF YOUTH AND ADOLESCENCE: A MULTIDISCIPLINARY RESEARCH PUBLICATION. Daniel Offer, ed.; Bimonthly; $275; Plenum Press, 233 Spring St., New York, NY 10013; Tel: 212-620-8000.
For psychiatrists, psychologists, biologists, sociologists, educators and professionals on the subject of youth and adolescence.

THE LANCET. Robin Fox, MB, ed.; Weekly; $130 (institutional); Williams & Wilkins, 428 E. Preston St., Baltimore, MD 21202.
Serves worldwide audience in every area of medicine.

NATION'S HEALTH: THE OFFICIAL NEWSPAPER OF THE AMERICAN PUBLIC HEALTH ASSOCIATION. Kathryn Foxhall, ed.; Monthly; $12; The American Public Health Association, 1015 15th St., NW, Washington, DC 20005; Tel: 202-789-5600.
Covers health policy, APHA business, environmental health, nutrition, occupational health, safety, congress, Federal agencies, and health statistics.

THE NEW ENGLAND JOURNAL OF MEDICINE. Arnold S. Relman, MD, ed.; Weekly; $93; Massachusetts Medical Soc., 1440 Main St., Waltham, MA 02254; Tel: 800-843-6356.

Original articles and interpretive reviews of a variety of developments in major aspects of medicine, its science, its art and practice and its position in today's society.

NIDA NOTES. John Nagy, ed.; Bimonthly; Free; National Institute on Drug Abuse, DHHS, Parklawn Bg., Rm. 10A-39, 5600 Fishers Ln., Rockville, MD 20857.
Covers the areas of treatment and prevention research, epidemiology, and behavioral pharmacology.

PREVENTION FILE: ALCOHOL, TOBACCO & OTHER DRUGS. Barbara E. Ryan, ed.; Quarterly; $20; Alcohol and Other Drug Studies, UCSD Extension, 0176, University of California, San Diego, 9500 Gilman Dr., La Jolla, CA 92093-0176.
Covers factors leading to alcohol, tobacco and other drug problems (including industry promotions), and their avoidance, for popular audiences.

PREVENTION PIPELINE: AN ALCOHOL AND DRUG AWARENESS SERVICE. Barbara E. Ryan, ed.; Bimonthly; $20; National Clearinghouse for Alcohol & Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; Tel: 800-729-6686. For the exchange of information and experiences among specialists in the alcohol or other drug prevention field, focusing on announcements of resources and scientific-technical literature, conferences, and news.

PSYCHOLOGY OF ADDICTIVE BEHAVIORS. W. Miles Cox, ed. Semiannual; $25; Society of Psychologists in Addictive Behaviors, VA Medical Ctr., 1660 S. Columbia Way, Seattle, WA 98108; Tel: 708-578-3720.
Original articles on psychological aspects of addictive behavior. Includes alcohol and other drug use and misuse, other compulsive behavior, and eating disorders.

PUBLIC HEALTH REPORTS: JOURNAL OF THE U.S. PUBLIC HEALTH SERVICE. Marian P. Tebben, ed.; Bimonthly; $12; U.S. Superintendent of Documents, Washington, DC 20402; Tel: 301-443-0762.
Articles and papers from the public health field, including news of the Public Health Service.

RESEARCH COMMUNICATIONS IN SUBSTANCES OF ABUSE: BASIC AND CLINICAL STUDIES ON THE USE AND ABUSE OF ALCOHOL, DRUGS AND OTHER SUBSTANCES. P.D. Wong, ed.; Quarterly; $80; PJD Publications, Box 966, Westbury, NY 11590; Tel: 516-626-0650.
Focuses on clinical and human aspects of all abused substances, including alcohol, synthetic and natural substances.

SALIS NEWS. Andrea L. Mitchell, ed.; Quarterly; $20; Alcohol Research Group, 2000 Hearst Ave., Berkeley, CA 94709-2176; Tel: 510-642-5208.
Links and networks relevant information sources.

SOCIAL HISTORY OF ALCOHOL REVIEW: THE JOURNAL OF THE ALCOHOL AND TEMPERANCE HISTORY GROUP. Dr. Gregory A. Austin, ed.; Semiannual; $12 (institutional); Southwest Missouri State University, 901 S. National Ave., Springfield, MO 65804-0089.
Papers, abstracts and reviews on alcohol and other drugs in history.

STUDENT ASSISTANCE JOURNAL: THE VOICE OF STUDENT ASSISTANCE PROGRAMS. George T. Watkins, ed.; Bimonthly; $32; Performance Resource Press, 2145 Crooks Rd., Ste. 103, Troy, MI 48084; Tel: 313-643-9580.
Personal problems of students and how they affect their behavior at school, with emphasis on drug abuse and alcoholism.

SUBSTANCE ABUSE: OFFICIAL PUBLICATION OF THE ASSOCIATION FOR MEDICAL EDUCATION AND RESEARCH IN SUBSTANCE ABUSE (AMERSA). Mark Galanter, MD, ed.; Quarterly; $79; Manisses Communications, 3 Governor St., Providence, RI 02906; Tel: 401-831-6020.
Forum for the exchange of information on techniques of alcohol and other drug abuse teaching.

TRAFFIC SAFETY. Dawn DeLong, ed., Bimonthly; $24; National Safety Council, 444 N. Michigan Ave., Chicago, IL 60611; Tel: 800-621-7619.
Covers all aspects of traffic safety, including the alcohol and other drugs connection; has news articles, statistics, products, resources and events.

VERTICAL FILE INDEX: GUIDE TO PAMPHLETS AND REFERENCES TO CURRENT TOPICS. Eloise Morehouse, ed.; Monthly; $45; H.W. Wilson Co., 950 University Ave., Bronx, NY 10452; Tel: 800-367-6770.
Subject index to current pamphlets and other inexpensive paperbound items published in the English language in the U.S. or Canada.

WORLD HEALTH: THE MAGAZINE OF THE WORLD HEALTH ORGANIZATION. John Bland, ed.; Monthly; $22; WHO, CH-1211, Geneva 27, Switz.; Tel: 022-791-2111.
Popular magazine illustrating the human side of efforts to improve world health.

YOUTH & SOCIETY: A QUARTERLY JOURNAL. David Gottlieb, ed.; Quarterly; $115 (institutional), Sage Publications, 2455 Teller Rd., Newbury Park, CA 91320; Tel: 805-499-0721.
Covers the social and political implications of youth culture and development, focusing on middle adolescents to young adults.

-Newsletters-

SAMHSA NEWS. Bernardine A. Moore, ed.; Bimonthly; $8; Substance Abuse and Mental Health Services Administration, Parklawn Bg., Rm. 12C-15, 5600 Fishers Ln., Rockville, MD 20857; Tel: 301-443-3783.
Provides coverage of agency-related news and research developments.

THE ADDICTION LETTER. Marcia J. Lawton, Ph.D., ed.; Monthly; $129 (institutional); Manisses Communications, P.O. Box 3357, Providence, RI 02906-0757; Tel: 401-831-6020.
Resources for professionals in preventing and treating alcoholism and drug abuse. Includes trends, strategies, reviews, research, techniques and commentary.

ALCOHOL ALERT. Quarterly; Free; National Institute on Alcohol Abuse & Alcoholism, DHHS, Parklawn Bg., Rm. 16C-14, 5600 Fishers Ln., Rockville, MD 20857; Tel: 301-443-3860.
Information on alcohol research and treatment for health professionals and other interested people.

ALCOHOLISM & DRUG ABUSE WEEKLY: TIMELY AND COMPREHENSIVE NEWS FOR POLICY AND PROGRAM DECISION-MAKERS. Robert Curley; Weekly; $395 (institutional); Manisses Communications, Box 3357, Providence, RI 02906-0757; Tel: 401-831-6020.
Reports on national trends and developments in funding, policy, prevention, treatment and research in alcohol and other drug abuse; also covers issues of certification and reimbursement for public, private non-profit, and for-profit addiction treatment agencies.

THE ALCOHOLISM REPORT: THE AUTHORITATIVE NEWSLETTER FOR PROFESSIONALS IN THE FIELDS OF ALCOHOLISM AND DRUG DEPENDENCE. Neil Scott, ed.; Monthly; $97 (institutional); National Council on Alcoholism and Drug Dependence, P.O. Box 31451, Seattle, WA 98103; Tel: 800-633-4931.
Washington legislative and administrative developments affecting the field of alcoholism.

BROWN UNIVERSITY DIGEST OF ADDICTION THEORY AND APPLICATION (DATA). David C. Lewis, MD, ed.; Monthly; $97 (institutional); Manisses Communications, Box 3357, Providence, RI 02906-0757; Tel: 401-831-6020.
Recent scientific and research articles on alcoholism and related drug dependencies from scholarly journals in the United States and other countries.

THE CHEMICAL PEOPLE NEWSLETTER. Ricki Wertz, ed.; Bimonthly; Free; National Media Outreach Center, 4802 5th Ave., Pittsburgh, PA 15213; Tel: 412-622-1491.
News of alcohol, tobacco and other drugs of abuse, including resources, commentary, information and research.

DRINKING/DRIVING LAW LETTER. Donald H. Nichols, ed.; Biweekly; $168; Callaghan & Co., 155 Pfingsten Rd., Deerfield, IL 60015; Tel: 800-323-1336.
Legal, technical and procedural information on current issues in drunk driving cases.

DRUG ABUSE & ALCOHOLISM NEWSLETTER. Marc A. Schuckit, MD, ed.; Bimonthly; Free; Vista Hill Foundation, 3420 Camino Del Rio N, Ste. 100, San Diego, CA 92108; Tel: 619-563-1770.
Essays on abuse research and treatment.

DRUG ABUSE UPDATE. Sue Rusche, ed.; Quarterly; $25; National Families in Action, 2296 Henderson Mill Rd., Ste. 204, Atlanta, GA 30345; Tel: 404-934-6364.
Abstracts of current information on drug use and effects from medical and academic journals, newspapers, and other publications including unpublished information from the National Parents Prevention Movement.

DRUGS AND DRUG ABUSE EDUCATION NEWSLETTER. David L. Howell, ed.; Monthly; $74; Substance Abuse News Service, Box 20754, Seattle, WA 98102; Tel: 206-322-8387. Independent focus on drug prevention, treatment and issues, with coverage of Federal policy, legislation, research, and successful local programs.

DRUGS IN THE WORKPLACE: PRACTICAL HELP FOR THE LAWFUL PREVENTION, DETECTION AND TREATMENT OF ALCOHOL AND DRUG ABUSE. Alison Knopf, ed.; Monthly; $189; Business Research Publications, 817 Broadway, 3d Fl., New York, NY 10003; Tel: 212-673-4700.
Covers drug testing, legal reviews, EAPs, education programs, and laws.

EDUCATING AT-RISK YOUTH. Janet Simon, EdD, ed.; 10 issues/year; $68; National Professional Resources, P.O. Box 1479, Port Chester, NY 10573; Tel: 914-937-8879.
Newsletter covering dropout prevention, alcohol and other drug abuse, adolescent suicide, teen pregnancy, incarcerated youth, immigrant students, and homeless young people.

HEALTH EDUCATION REPORTS. Lawrence M. O'Rourke, ed.; Biweekly; $148.50; Feistritzer Publications, 4401A Connecticut Ave., NW, #212, Washington, DC 20008; Tel: 202-362-3444.
News of programs, resources, policies and events that affect the health of Americans.
MONDAY MORNING REPORT. Robert L. Hammond, ed.; Semimonthly; $30; Alcohol Research Information Service, 1106 E. Oakland Ave., Lansing, MI 48906.
News of alcohol, tobacco and other drug events, including advertising and promotion.
MORBIDITY AND MORTALITY WEEKLY REPORT. Richard A. Goodman, MD, ed.; Weekly; $48; U.S. Centers for Disease Control; MMS Publications, C.S.P.O., Box 9120, Waltham, MA 02254; Tel: 800-843-6356.
Analysis and statistics on occurrence of disease and death due to all causes in U.S.
NARCOTICS DEMAND REDUCTION DIGEST. Robert H. Feldkamp, ed.; Monthly; $150; Washington Crime News Service, 3918 Prosperity Ave., Ste. 318, Fairfax, VA 22031; Tel: 703-573-1600.
News of prevention, education, treatment and rehabilitation.
NEWSLETTER OF THE CLEARINGHOUSE FOR DRUG EXPOSED CHILDREN. Lora-Ellen McKinney, Ph.D., ed.; Quarterly; Free; UCSF Clearinghouse for Drug Exposed Children, Div. of Behavioral & Developmental Pediatrics, 400 Parnassus Ave., Rm. A203, San Francisco, CA 94143-0314; Tel: 415-476-9691.
Provides articles on programs and policy issues in the fields of medicine, psychology, child development, drug treatment, and social service.
OF SUBSTANCE: A NEWSLETTER FOR THE SUBSTANCE ABUSE TREATMENT COMMUNITY. Margaret K. Brooks, dir.; Bimonthly; $39.95; Legal Action Center, 153 Waverly Pl., New York, NY 10014; Tel: 212-243-1313.
Review of legal issues about substance abuse treatment.
PUBLIC HEALTH MACROVIEW. Bimonthly; Free; Public Health Foundation, 1220 L St., NW, Washington, DC 20005; Tel: 202-898-5600.
Expenditures and services of State health agencies and local health departments.
RESEARCH ALERT. Weekly; $240; Institute for Scientific Information, 3501 Market St., Philadelphia, PA 19104; Tel: 215-386-0100.
Reports on all newly published items that match personalized parameters within research specialties in the sciences, social sciences, arts and humanities.
SCHOOLS WITHOUT DRUGS: THE CHALLENGE. Bimonthly; Free; U.S. Department of Education, Washington, DC 20202-0120.
Anti-drug education and prevention programs.
STREET PHARMACOLOGIST. James N. Hall, ed.; Quarterly; $25; Up Front Drug Information, 5701 Biscayne Blvd., Ste. 602, Miami, FL 33137: Tel: 305-757-2566.
Alcohol and other drug abuse trends and other drug-related issues.
SUBSTANCE ABUSE IN SCHOOLS (+ AIDS UPDATE). Donald J. Coe, EdD, ed., Monthly; $88; National Professional Resources, P.O. Box 1479, Port Chester, NY 10573; Tel: 914-937-8879.
Presents current issues, identifies national resources, and distributes information about programs that help stop alcohol and other drug use in schools.
SUBSTANCE ABUSE REPORT: THE INDEPENDENT NEWSLETTER COVERING PREVENTION, TREATMENT, AND DETECTION FOR TODAY'S PROFESSIONAL. Alison Knopf, ed.; Semimonthly; $179; Business Research Publications, 817 Broadway, New York, NY 10003; Tel: 212-673-4700.
Analysis of current developments in alcohol and other drug abuse treatment. Contains news and information on treatment programs, medical research and laboratory breakthroughs for professionals.

Last updated: 29 January 1996 wjb
URL: http://www.drugs.indiana.edu/pubs/radar/rguides/periodic.html
Comments and Web publishing info: drugprc@indiana.edu